



MASSACHUSETTS  
**HEALTH  
CONNECTOR**  
*the right place for the right plan*



# **Health Connector Board of Directors Meeting**

**May 11, 2023**

# Agenda

- ➔ **1. Approval of Minutes**
- 2. Executive Director's Report**
- 3. Update on MassHealth Redeterminations and Enrollment Transitions**
- 4. Proposed Amendments to Minimum Creditable Coverage (MCC) Regulations (VOTE)**
- 5. Policy Update**



**Approval of the March 9<sup>th</sup>  
Board Meeting Minutes  
(VOTE)**

# Agenda

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- ➔ 2. Executive Director's Report
3. Update on MassHealth Redeterminations and Enrollment Transitions
4. Proposed Amendments to Minimum Creditable Coverage (MCC) Regulations (VOTE)
5. Policy Update



# **Executive Director's Report to the Board**

# Agenda

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2. Executive Director's Report
- ➔ 3. Update on MassHealth Redeterminations and Enrollment Transitions
4. Proposed Amendments to Minimum Creditable Coverage (MCC) Regulations (VOTE)
5. Policy Update



# **Update on MassHealth Redeterminations and Enrollment Transitions to the Health Connector**

PATRICIA GRANT

Chief Operating Officer

JASON LEFFERTS

Chief of Communications and Public Outreach

MARISSA WOLTMANN

Chief of Policy

ELIZABETH LAMONTAGNE

MassHealth Chief of Staff

Board of Directors Meeting, May 11, 2023

# Overview and Agenda

**Today's presentation will provide updates on the Medicaid redetermination process that began on April 1, 2023.**

- Since Medicaid protections ended on March 31, 2023, over 50,000 individuals have completed their renewal requirements, including over 2,000 individuals enrolled in Health Connector coverage for May
- Staff will provide updates on activities since the March Board meeting:
  - MassHealth activities
  - Health Connector enrollment statistics
  - Health Connector call center performance
  - Health Connector outreach initiatives

Health Connector Framework for Supporting Coverage Transitions







# **MassHealth Activities**

# MassHealth Redeterminations Overview

**MassHealth is focused on supporting members during the redetermination process.**

- Renewals are a regular annual requirement for **members** and rely on **standard, tested processes** to assess member eligibility
- This renewal cycle **will be different** as the MassHealth caseload has grown significantly since 2020
- Additionally, members may not be used to renewals as **they have generally not experienced any coverage repercussions** if they did not reply to renewal requests for information
- MassHealth has focused on increasing **operational capacity, system preparation, conducting outreach, and supporting specific member populations**

## MassHealth Goals:

1. **Prevent administrative loss of coverage** as much as possible, especially for most vulnerable
2. **Ensure members understand and can complete key actions** to receive the appropriate health benefit
3. **Maintain compliance** with federal and state requirements

# MassHealth Outreach

- Outreach focuses on most important messages for members:
  - Call to update your contact information
  - Check your mail and keep an eye out for the blue envelope
  - Respond to MassHealth
  
- Outreach efforts include:
  - MassHealth has begun robocall, text and email outreach to members to support renewals
  - Additional supports have been developed for specific populations: older individuals, individuals with disabilities, individuals experiencing homelessness, and non-citizens
  - Partnership with Health Care For All to launch "Your Family, Your Health" campaign, which will include canvassing, community-based organization grants, and media buys



**Attention MassHealth members 65 or older**

You will need to renew your coverage this year.

Take three steps to renew your coverage:

1. **Update your info**  
The easiest way to update your information is to call Customer Service at (800) 841-2900 TDD / TTY: 711
2. **Check your mail**
3. **Respond to MassHealth**

**If you are no longer eligible for MassHealth, there are other programs available to meet your healthcare needs.**

Loss of MassHealth is a Special Enrollment Period (SEP) that allows you to enroll in Medicare outside of standard enrollment periods.

Individuals who do not qualify for Medicare may be eligible for Connector coverage.

Other programs include: The Medicare Savings Program (MSP), The Froll Elder Waiver (FEW), Prescription Advantage, and PACE.

Note: If you turned 65 since March 2020, this year's renewal form will look a little different. We will now review your assets along with your income.

**If you need help from a family member or friend to fill out your renewal, you can fill out and sign the Permission to Share Information (PSI) or Authorized Representative Designation (ARD) Form.**

- This form lets us share your eligibility information with the persons listed on the form (the "designee").
- If you filled out a PSI more than 12 months ago, you will need to fill out a new one.

**Act now. Stay covered.** [masshealthrenew.com](http://masshealthrenew.com)  
800-841-2900 (TTY: 711)

MassHealth HEALTH CONNECTOR HCFA



**Atansyon Fanmi MassHealth yo**

Ou bezwen renouvle asirans sante ou ane sa a.

Tout manm MassHealth pral bezwen renouvle ane sa a, sa gen ladan timoun yo tou. Pran etap koulye a pou asire fanmi ou rete pwoteje.

Rele 800-841-2900, vizite [www.masshealthrenew.org](http://www.masshealthrenew.org) oswa eskane kòd la pou aprann plis sou ki etap ou dwe pran.

**Pran twa etap pou renouvle asirans sante ou:**

1. Mete enfòmasyon w yo ajou
2. Verifye bwat postal ou
3. Reponn MassHealth

**Aji san pèdi tan. Kenbe pwoteksyon asirans ou.**

[masshealthrenew.org](http://masshealthrenew.org)  
800-841-2900 (TTY: 711)

MassHealth HEALTH CONNECTOR HCFA

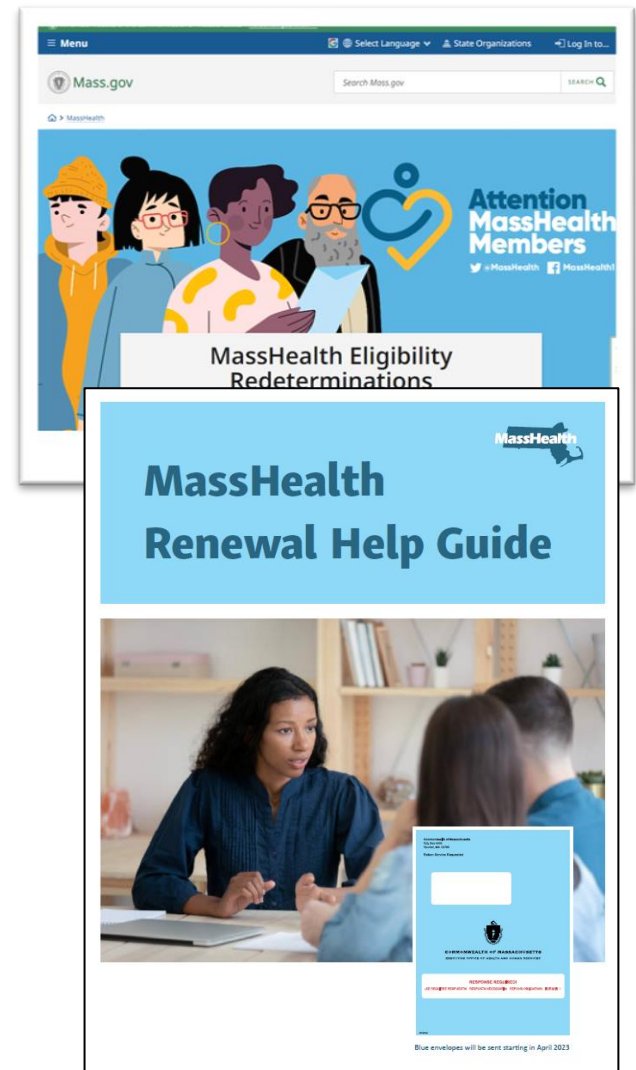
# April Update

- **Since April 1, we have begun the renewal process for ~70,000 households**
  - Most member renewals that began in April will be processed in May. More information will be available in the public dashboard, launching this month
- **MassHealth systems and contact center are operating as expected**
  - Throughout April, all mailed and faxed application documents have been processed in less than 48 hours from the time of receipt with zero backlog
- **MassHealth and partners are continuing to do extensive outreach**
  - MassHealth is continuing its direct outreach efforts to make sure partners have key information, holding 30+ stakeholder presentations in April (over 110 since January)
- **Through our partnership with Health Care For All, we have:**
  - Engaged 42 community-based organizations to conduct outreach activities and events
  - Knocked on nearly 146,000 doors and spoke to 26,000 people
  - Launched a multicultural, multilingual ad campaign in more than 60 media outlets

# Learn more at [mass.gov/masshealthrenew](https://mass.gov/masshealthrenew)

You can find helpful resources here, including:

- Link to member-facing website:  
[www.masshealthrenew.org](https://www.masshealthrenew.org)
- Outreach Toolkit, which has flyers, key messaging, social media, and more in the top 9 languages of MassHealth members
- **MassHealth Renewal Help Guide**, a detailed resource for front-line staff to answer member questions and connect them to existing resources
- Recorded webinars, such as:
  - Supporting Members Experiencing Homelessness with MassHealth Renewals
  - Supporting MassHealth Kids and Families with Renewals
  - Becoming Certified Application Counselors (CACs)





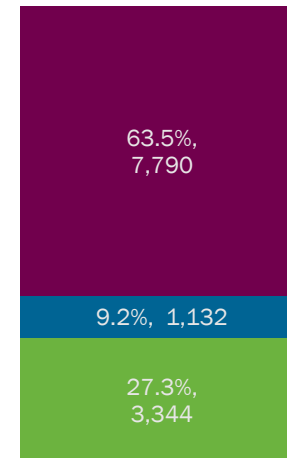
# **Health Connector Enrollment Updates**

# Health Connector Enrollment Trends to Date

**Over 2,400 individuals transitioned from MassHealth to Health Connector coverage for May, and over 900 have already enrolled for June.**

- This reflects 27 percent individuals who have so far been found eligible for a Health Connector plan after being redetermined out of MassHealth
- Many of the members who have newly qualified for Health Connector coverage did so after providing updates to their application proactively, not because they received their renewal form and completed it
- These early enrollment figures exceed forecasted enrollment in Health Connector coverage at this point in the redetermination window; staff will continue to monitor membership trends, particularly as timeframes to submit renewals or verifications expire

Enrollment Activity Among Individuals Moving from MassHealth to Health Connector Eligibility (Total = 12,266)



- Eligible but no plan selected
- Selected a plan but not yet enrolled
- Enrolled in Health Connector coverage

# Easing Coverage Transitions

**Policies and activities aimed at smoothing coverage transitions are in place to support individuals throughout the redeterminations process.**

- **Special Enrollment Period:** The Health Connector is extending Special Enrollment Periods opened after April 1 through November 23, the due date for effectuating December coverage
- **Policies to Reduce Coverage Gaps:** MassHealth regulations prevent mid-month terminations for individuals who qualify for subsidized Health Connector coverage coming out of MassHealth, promoting continuous coverage for many individuals as they switch plans
- **Retroactive and Reinstated Coverage Capabilities:** Policies on retroactive enrollments and reinstatements were adjusted in 2022 to provide flexibility for individuals as they respond to eligibility and enrollment changes
- **Automatic Enrollment:** Over 470,000 applicants have opted-in to automatic enrollment if they qualify for a \$0 ConnectorCare plan and do not shop. Among those, nearly 1,700 individuals have been enrolled through the automatic enrollment process for 2023 coverage, 130 of whom previously had MassHealth
- **Easing Verification Paperwork Burdens:** In parallel with MassHealth, applicants' income will be considered verified if it is no more than 30 percent below what data sources indicate, wider than the 20 percent range allowed previously, eliminating the need for some individuals to send in proof of income





# **Health Connector Contact Center Performance**

# Contact Center Performance

**Contact Center volumes continue to be stable with only a slight increase in call volume so far. Service level is consistently mid- to high- 90 percent range.**

For the month of April\*, contact center performance statistics were as follows:

Tier 1 Metrics	Month-To-Date
Calls forecasted	54,596
Calls offered	52,075
Abandonment rate	0.84%
Average speed to answer (sec)	20
Average handle time (min)	13.50
Service level	94.81%

\* As of April 27, 2023

# Contact Center Interactive Voice Response (IVR) Language Upgrade

**The Health Connector is working with Accenture to expand the Interactive Voice Response language capabilities.**

- Current Interactive Voice Response (IVR) menu and messages available in English and Spanish only
- New IVR will contain main menu and hold messages in the top languages spoken by CCA members: English, Spanish, Portuguese, Haitian Creole, Mandarin and Vietnamese
  - Callers will hear welcome message in 6 message with the option to choose their language
  - Calls will route first to any agent who speaks the language chosen
  - If no multi-lingual agent available, caller will receive a hold message in their language that the agent is getting the appropriate interpreter
  - Agent will get an alert that there is a caller who speaks another language
  - Interpreter will be on the line when the call is taken by the agent
- This model will allow for more language capabilities and minimize any confusion when an English-only speaking agent answers a call made by a non-English speaking applicant/member

# Contact Center Staffing

**The Health Connector continues to work with Accenture on the forecast for call volume and staffing.**

- Call volume and staffing forecast has been agreed upon for April, May and June 2023
- Call volume and staffing is being discussed for July and August 2023 so that we can lock into a forecast
  - Once the forecast is locked, the Health Connector will work with Accenture on compensation for any staff needed above the total agreed upon with the forecast should there be a large increase in call volume
- Second vendor will begin to hire 50 full-time employees (FTEs) who will be cross-trained in paper processing (if needed) and outbound calls
  - First wave of 25 FTEs will begin on June 15
  - Second wave of 25 FTEs will begin on July 15

# Mobile Outreach Teams

**The Health Connector is in the process of recruiting and hiring a nine-person Mobile Outreach Team to increase assister capacity in the Commonwealth during the redetermination process.**

- The Mobile Outreach Teams will travel around the Commonwealth to assist residents at pre-scheduled locations, allowing for a more flexible and dynamic model of offering in-person enrollment assistance, particularly in areas without significant Navigator or Assister capacity
- There will be two outreach specialists in each of four areas across the state with one supervisor to oversee staff and help coordinate activities. The Health Connector is in the process of recruiting and hiring for these roles. Target date to have new staff hired, trained and ready for deployment is July 1
- Standing events in “high traffic” areas to establish consistent times and places within targeted communities where individuals can go to receive assistance
  - Examples of sites include but are not limited to pharmacies, libraries, food pantries, town halls, and homeless shelters
  - Specialists will also staff special events targeted to areas with strong foot traffic of priority populations and within select geographies
- Events will be scheduled and promoted ahead of time in local communities to increase visibility and awareness among residents



# **Health Connector Outreach Initiatives**

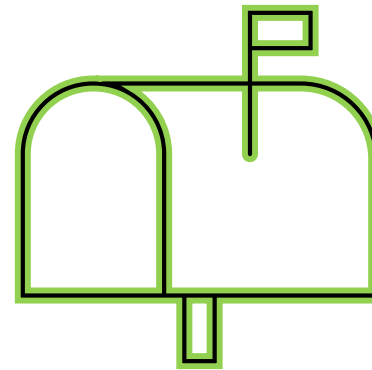
# Direct Member Communications

Direct outreach to people receiving a new Health Connector eligibility started in April, encouraging enrollment and highlighting deadlines.



## Text

Pilot campaign was launched in April, with 15,000 texts delivered



## Mail

First monthly mailer was sent to nearly 3,000 people



## Email

4,900 weekly and deadline email delivered, with a high open rate of 48 and 42 percent



## Robo-calls

Two calls per month begin in May to all newly-eligible people

# Public Outreach

**Online and in-person activities provide information and assistance, along with visibility promoting the Health Connector's availability during redetermination.**

- **Community events:** The Health Connector will participate in nine events through mid-July, including the World's Largest Pancake Breakfast in Springfield, Quincy Pride Festival, and Worcester's Annual Black Heritage Juneteenth Celebration
- **Assister training:** Two co-hosted sessions for Navigators, CACs and others was held in April, and ongoing biweekly sessions with assisters help understand what they are seeing, identify problems, and reinforce correct information
- **Navigator outreach:** Organizations are receiving lists of newly-eligible people who have existing relationships to facilitate outreach
- **Social media toolkit:** Copy and graphics were developed and distributed to stakeholders for use on various platforms
- **Webinars:** Monthly public session in April focused on redetermination and included participation from MassHealth. To improve access to webinars, an evening event is scheduled for May, and Spanish- and Portuguese-language sessions will be held this summer
- **Employer material:** Informational material delivered to employers through leading state-wide business organizations, with a session for business organization leadership held in April; a webinar for employers is May 17



# Enrollment Events

**The first series of events are ready to deliver in-person assister support to enrollees.**

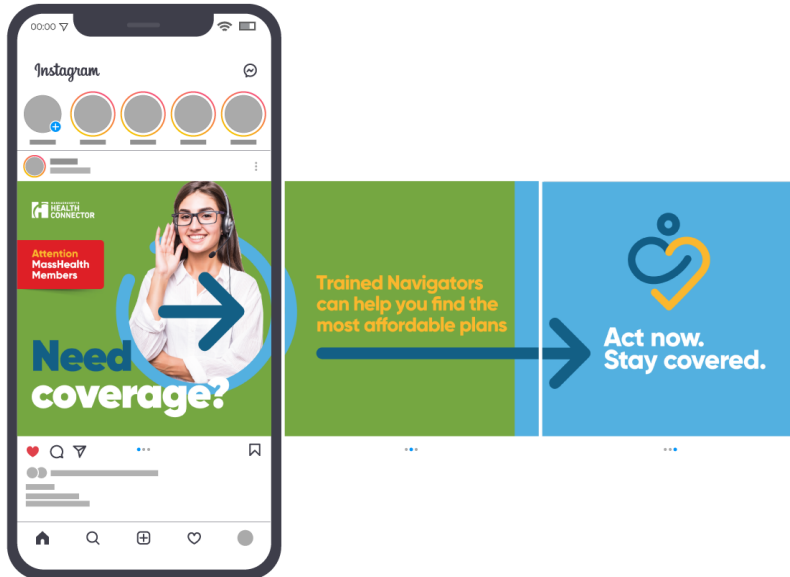
- Carriers can provide information to attendees who will go through plan selection
- Events will be promoted in advance through direct mail to identified residents newly-eligible for coverage and through digital advertising
  - Fenway Park, June 11
  - Springfield, June 17
  - Revere, June 24
  - Framingham, July 9
  - Worcester, July 23



# Paid Media

The full campaign on digital, print, TV and radio will launch in late May and early June.

- TV and radio visibility spots are running in conjunction with Celtics and Bruins playoff partnerships
- Initial print and digital design complete, with messaging under development
- Animated TV and radio creative being developed, with production scheduled for mid-May
- Full Women's World Cup partnerships being organized for this summer with Telemundo and Fox
- Fox partnership likely to include participation in the very popular Friday morning "Zip Trips"





**Looking Ahead**

# Moving Forward

**Supporting Massachusetts residents transitioning to Health Connector coverage during the Medicaid redetermination process continues to be a top priority for the organization.**

- Maintaining health insurance coverage and access to care for residents and the state's high levels of insurance coverage is a central goal of the Health Connector's efforts
- The Health Connector continues to work closely with MassHealth, Health Care For All, carriers, enrollment assisters, advocates, employers, and other stakeholders to ensure widespread public awareness and engagement throughout the process
- Staff will include regular updates to the Board throughout the MassHealth redetermination process regarding ongoing Health Connector activities to support individuals moving from MassHealth to Health Connector coverage

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# Minimum Creditable Coverage Regulation Amendments

Andrew Egan  
General Counsel

KAYLA SCIRE  
Associate Director of Policy

Board of Directors Meeting, May 11, 2023

# Overview

**Staff seek a Board vote today on an amendment to Minimum Creditable Coverage regulations to specify that no-cost high-value preventive services must be included in coverage that residents must enroll in to avoid paying a tax penalty. This amendment preserves coverage standards that are current practice in the Massachusetts market today, despite a recent federal court ruling from the Northern District of Texas.**

1. Refresher on Minimum Creditable Coverage (MCC)
2. Legal challenge against the ACA's preventive services mandate: *Braidwood Management Inc. v. Becerra*
3. Recommended regulation amendments
4. Board vote



# **Minimum Creditable Coverage (MCC)**



# Minimum Creditable Coverage (MCC)

**As part of Chapter 58 of the Acts of 2006 reforms, Massachusetts law requires adult residents to have health insurance that meets the state's Minimum Creditable Coverage (MCC) standards or potentially face an individual mandate penalty.**

- State law defines MCC at a high level and authorizes the Health Connector Board to further determine the minimum standards of the plans that individual residents are required to have (via MCC regulations)
- The Health Connector's MCC regulations govern what constitutes minimum creditable coverage for nearly 5 million state residents
- MCC outlines the type of coverage a person needs to avoid facing a tax penalty under the state's individual mandate, establishing a "floor" of benefits required to "check the box" as having been covered
- Today, staff are proposing draft amendments to the regulations at 956 CMR 5.00 to ensure a recent federal court ruling does not weaken access to existing robust coverage of preventive services in Massachusetts or change residents' ability to afford and access these services
- While MCC does not apply to health plans directly, plans often choose to meet MCC standards so that their members don't face tax penalties



**Preventive Services Coverage and  
*Braidwood Management Inc. v.  
Becerra***

# Preventive Services Coverage under the ACA and *Braidwood Management Inc. v. Becerra*

**A recent U.S. District Court ruling placed limitations on the ability of the federal government to enforce the Affordable Care Act's (ACA) requirement that health plans cover a broad range of preventive services and that they do so without cost-sharing.**

- The ACA requires all (non-grandfathered) plans to cover preventive services without cost sharing if the U.S. Preventive Services Task Force (USPSTF) recommended them
- The ruling determined that any recommendations made after 2010 were not enforceable, which would allow insurers and plan sponsors to remove coverage or charge cost-sharing for these services
- Examples of preventive services recommended by the USPSTF after 2010 (that insurers do not have to cover without cost-sharing under the ruling) include: lung and skin cancer screenings, PrEP for HIV prevention, statins to lower cholesterol, and medications to reduce breast cancer (See appendix for a list of preventive services recommended before and after 2010)
- Preventive services recommended by entities outside of the USPSTF such as the Health Resources and Services Administration and the Advisory Committee on Immunization Practices are unaffected and will continue to be covered without cost-sharing

## **Preventive Services Coverage under the ACA and *Braidwood Management Inc. v. Becerra (cont'd)***

**While benefits would not change once a plan year has started, it is feasible that individuals could see reduced access to preventive services in plan years beginning after the ruling, as early as 2024.**

- For the on-exchange population, to ensure members would not face changes that disrupt their access to preventive services for the 2024 plan year, the Health Connector included language in its 2024 Seal of Approval (SOA) Requests for Responses (RFR) requiring carriers to continue to cover all of the preventive services required by the ACA and to cover them without cost-sharing
- MCC offers another tool that can help preserve residents' access to preventive services, including those who do not enroll through the Health Connector

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# **Recommended Regulation Amendments**

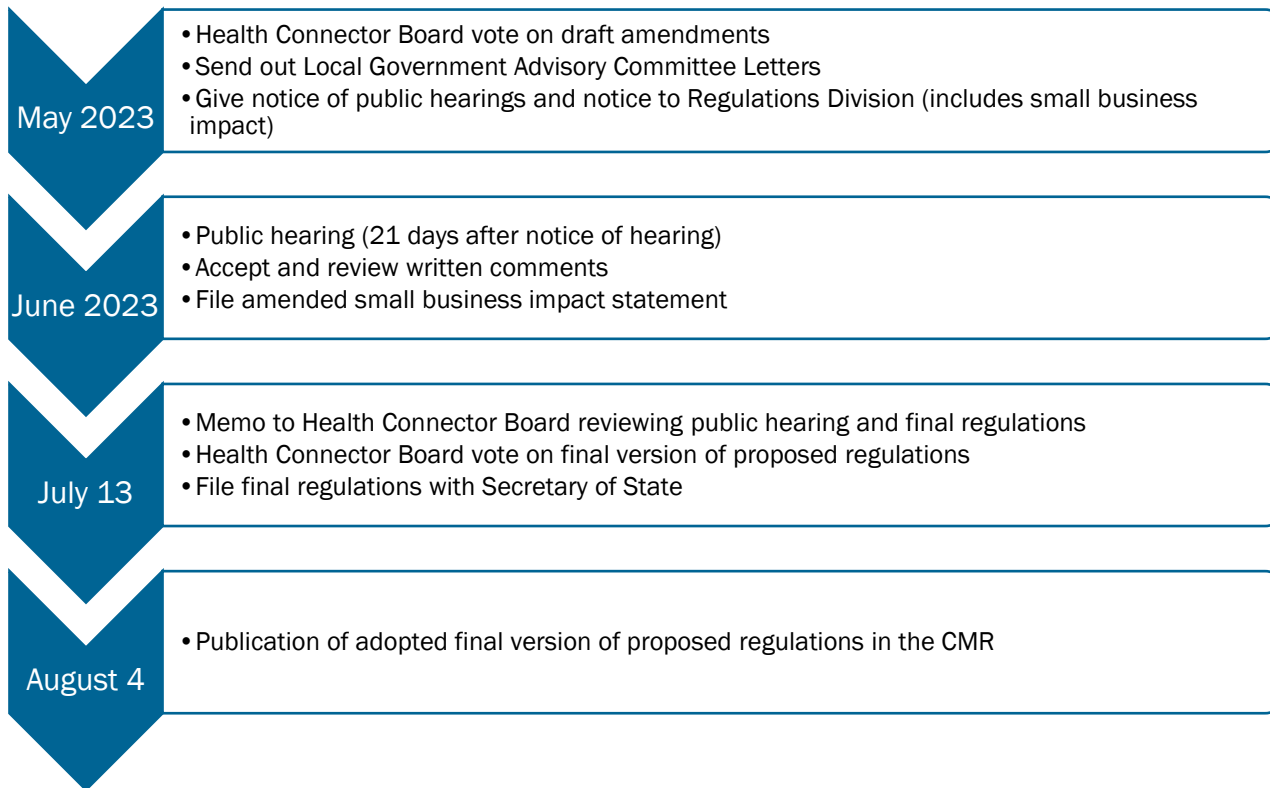
# Preserving Preventive Services Coverage via MCC

## Health Connector staff propose amending the MCC regulations to preserve residents' access to preventive services.

- In order to avoid facing a tax penalty, Massachusetts residents already must enroll in a health plan that includes coverage of all federally defined preventive health services\*, including those impacted by the *Braidwood* decision, without imposing a deductible
- Under current regulations, a resident's coverage can be considered MCC even if forms of cost-sharing other than deductibles (co-pays and co-insurance) apply to preventive health services
- Health Connector staff recommend amending MCC regulations to prohibit *any* cost sharing (beyond just deductibles) for all preventive services, preserving the status quo from the past decade under the ACA (See proposed regulation amendments provided)
- Further, staff recommend a clarifying edit to 956 CMR 5.03(1)(a)6. to replace the word "preventive" with the defined term "Preventive Health Services," for the avoidance of doubt that all of the preventive services required to be covered by the ACA without cost-sharing before the *Braidwood* decision must be included

# Timeline and Next Steps

The process to amend regulations takes about 3 months and would officially begin with today's Board vote.





# **Board Vote**



# Vote

**Health Connector staff recommend that the Board issue the draft regulation amendments at 956 CMR 5.00, as proposed.**



# Appendix

# Major Additions and Revisions to USPSTF Recommendations on or After March 23, 2010

Health Area	Preventive Service	Affected Population
Cancer	<a href="#">Breast Cancer: Medication Use to Reduce Risk</a>	Women at increased risk for breast cancer aged 35 years or older
Cancer	<a href="#">Lung Cancer: Screening</a>	Adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years
Cancer	<a href="#">Colorectal Cancer: Screening</a>	Adults aged 45-49 years*
Chronic Conditions	<a href="#">Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication</a>	Adults aged 40 to 75 years who have 1 or more cardiovascular risk factors and an estimated 10-year cardiovascular disease (CVD) risk of 10% or greater
Chronic Conditions	<a href="#">Hepatitis C Virus Infection in Adolescents and Adults: Screening</a>	Adults 22 and older
Health Promotion	<a href="#">Unhealthy Drug Use: Screening</a>	Adults 22 and older
Pregnancy	<a href="#">Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality: Preventive Medications</a>	Pregnant persons at high risk for preeclampsia
Pregnancy	<a href="#">Perinatal Depression: Preventive Interventions</a>	Pregnant persons**
Sexual and Reproductive Health	<a href="#">Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis</a>	Persons at high risk of HIV acquisition
Sexual and Reproductive Health	<a href="#">Human Immunodeficiency Virus (HIV) Infection: Screening</a>	Men 22 and older***

# Preventive Services with an “A” or “B” Rating

## *Preventive Care Benefits for Adults:*

- Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked
- Alcohol misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood pressure screening
- Chlamydia screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese\*
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting
- Hypertension screening
- Gonorrhea screening
- Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence
- Hepatitis C screening for adults age 18 to 79 year
- HIV screening for everyone age 15 to 65, and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Statin use for primary prevention of cardiovascular diseases in adults
- Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually transmitted infection (STI) prevention counseling for adults at higher risk
- Skin cancer prevention
- Statin preventive medication for adults 40 to 75 at high risk
- Syphilis screening for adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults without symptoms at high risk
- Urinary tract or other infection screening

### Key:

- Preventive services recommended after 2010 which are no longer required to be provided without cost-sharing under the ruling.

# Preventive Services with an “A” or “B” Rating, cont’d

## *Preventive Care Benefits for Women:*

- Breastfeeding support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
- **Birth control: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider**
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Syphilis screening
- Expanded tobacco intervention and counseling for pregnant tobacco users
- Urinary tract or other infection screening
- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- **Breast cancer genetic test counseling (BRCA) for women at higher risk**
- **Breast cancer risk-reducing medications, such as tamoxifen, for women who are at increased risk for breast cancer and low risk for adverse medication effects**
- Breast cancer mammography screenings
- Cervical cancer screening
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren’t currently pregnant and who haven’t been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women
- Gonorrhea screening for all women at higher risk
- HIV screening and counseling for everyone age 15 to 65, and other ages at increased risk
- **PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative women at high risk for getting HIV through sex or injection drug use**
- Sexually transmitted infections counseling for sexually active women
- Tobacco use screening and interventions
- Well-woman visits to get recommended services for all women

Key:

- **Preventive services that Massachusetts law also requires insurers and plans to cover with \$0 cost-sharing**
- **Preventive services recommended after 2010 which are no longer required to be provided without cost-sharing under the ruling.**

# Preventive Services with an “A” or “B” Rating, cont’d

## *Preventive Care Benefits for Children:*

- Alcohol, tobacco, and drug use assessments for adolescents
- **Anxiety in children and adolescents screening**
- Depression screening for adolescents beginning routinely at age 12
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents
- Height, weight and body mass index (BMI) measurements
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- **PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use**
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Prevention of dental caries in children
- Sexually transmitted infection (STI) prevention counseling and screening for adolescents at higher risk
- **Skin cancer prevention**
- Syphilis screening for adolescents
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children
- Well-baby and well-child visits

Key:

- **Preventive services recommended after 2010 which are no longer required to be provided without cost-sharing under the ruling.**

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# Policy Updates

MARISSA WOLTMANN

Chief of Policy

Board of Directors Meeting, May 11, 2023



# Overview and Agenda

**Today's presentation will provide updates on federal and state policy developments for the Board's awareness.**

- Policy resulting from federal court decisions
  - Mifepristone access
  - Preventive services coverage
- Policy resulting from administrative rulemaking
  - Final Notice of Benefit and Payment Parameters for 2024
  - Proposed rule Clarifying Eligibility for a Qualified Health Plan
- State policy updates
  - Division of Insurance
  - Health Policy Commission

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# **Federal Judicial Activity**

# Alliance for Hippocratic Medicine v. the U.S. Food and Drug Administration (FDA)

**A U.S. District court ruling would revoke the FDA's 2000 approval of the drug mifepristone, weakening access to medication abortion nationwide; the decision has been stayed pending further legal action.**

- In early April, Texas U.S. District Court judge Matthew Kacsmaryk struck down the FDA's approval of the drug mifepristone
- The Fifth Circuit Court of Appeals modified Kacsmaryk's ruling to allow the FDA's approval to stand, but rolled back modifications to the FDA's 2016 adjustments to how the drug could be used, which would have removed a generic version of the drug from the market and eliminated telehealth prescriptions for remaining formulas
- On April 21, the Supreme Court stayed the District Court's decision while the appeal is pending with the Fifth Circuit, meaning access continues under the FDA's latest guidance; the Fifth Circuit is scheduled to have a hearing in the case May 17
- An Executive Order issued by Governor Healey on April 10 reaffirms continued access to mifepristone and consideration of medication abortion consistent with care protected under Chapter 127 of the Acts of 2022
- Health Connector issuers are expected to continue covering mifepristone without change

# Braidwood Management Inc. v. Becerra

## Another recent U.S. District Court ruling struck down the ACA's requirement that plans cover a broad range of high-value preventive services without cost sharing.

- The ACA requires all plans to cover preventive services without cost sharing if the U.S. Preventive Services Task Force (USPSTF) recommended them; this requirement applies regardless of whether a plan is fully funded (i.e., the risk is borne by the insurance carrier) or self-funded (i.e., the risk is borne by the plan sponsor/employer)
- The ruling determined that any recommendations made after 2010 were not enforceable, which would allow insurers and plan sponsors to remove coverage or charge cost-sharing for these services. This would remove required coverage for some services and limit it to out-of-date recommendations for others
- In anticipation of this outcome, the Health Connector included a requirement in the 2024 SOA that Qualified Health Plans would need to continue coverage of preventive services, including at no cost where recommended
- While other plans will cover services without change for the rest of their plan year, carriers or plan sponsors would not be required to cover preventive services recommended after 2010
- Health Connector staff have proposed clarifications to Minimum Creditable Coverage standards in response to this ruling

A faint, light blue graphic of a scale of justice is visible in the background of the top half of the slide. It features a central vertical pillar with a curved arm extending from the top, holding a circular weight. The graphic is semi-transparent and occupies the left and center portions of the slide.

# **Federal Regulatory Activity**

# 2024 Notice of Benefit and Payment Parameters

**Among a variety of regulatory updates were changes to help streamline coverage processes for individuals in Marketplace coverage.**

- A key provision impacting state-based Marketplaces will reduce the number of individuals who face barriers to maintaining coverage due to needing to send income verifications with two changes:
  - Reduce the overall number of requests for documentation by accepting self-attested income if IRS data is requested but not available; this could cut the Health Connector’s income verification requests in half
  - Provide additional time to individuals still required to send proof of their income by adding 60 days if they do not respond in the 90 days initially provided
- CMS adjusted policies related to ongoing federal subsidy eligibility for individuals who do not “true up,” or reconcile, tax credits received during the benefit year with their final income for the year on their federal tax return, requiring that an individual have failed to reconcile for two consecutive years before losing eligibility for subsidies going forward
- CMS newly allowed Navigators and Assisters to go door-to-door or using other unsolicited means of direct contact to help provide consumers with enrollment assistance, a particularly helpful change that will allow them to reach out to individuals transitioning from MassHealth to Health Connector plans to offer assistance
- The Health Connector supports these changes, as they align with agency goals related to reducing administrative burdens

# Eligibility for Qualified Health Plans

## **A recent proposed rule would allow Deferred Action for Childhood Arrivals (DACA) recipients to qualify for Health Connector coverage.**

- Eligibility for Health Connector plans requires that an individual be lawfully present in the United States
- A new proposed rule would amend the definition of “lawfully present” to include individuals granted Deferred Action for Childhood Arrivals
- As of March 31, 2020, about 5,480 Massachusetts residents were active DACA recipients
- CMS notes hoping to finalize the proposal by November 1 so newly eligible individuals could join during Open Enrollment but requests feedback on whether this date is feasible.
- The Health Connector is exploring with MassHealth and Optum whether Massachusetts could be ready on this accelerated timeline and will provide feedback to CMS accordingly



# **State Activity**



# Division of Insurance (DOI) Updates

**New regulations from DOI modified the rate filing process for carriers, and future regulations will address consumer protections and dental coverage.**

- Updates to rate filing regulations finalized over the winter moved the rate filing deadline from July 1 to May 15
- Issuers must also submit rate filing summaries that will be made publicly available on DOI's website at the end of May followed by public information sessions in June
- The revisions outline a new process related to presumptive disapprovals of rates and an associated hearing process when rates are disapproved
- The amendments also update the regulation to reflect the end of federal waivers that permitted the use of certain rating factors for small group plans and reduce small group filings from quarterly to annually
- DOI is also working on implementation related to Chapter 287 of the Acts of 2022, An Act to Implement Medical Loss Ratios for Dental Benefit Plans and will issue regulations later this year
  - This law was approved by voters in a 2022 ballot initiative and requires that dental issuers spend at least 83 percent of revenue on members' dental expenses and quality initiatives

# Health Policy Commission (HPC) Updates

## HPC recently set the health care cost growth benchmark for 2024 at 3.6 percent.

- The benchmark is a statewide target for the rate of growth of total health care expenditures that is indexed to a projection of the Commonwealth's long-term economic growth
- While it is strictly a target and not a price or spending cap, it does help set a shared goal across the market
- After a public hearing in March about whether HPC should modify the statutory growth benchmark of 3.6 percent, the Commissioners voted in April to move forward with the 3.6 percent target without change and acknowledged the affordability challenges faced by Massachusetts residents
- Aside from the benchmark, in late March, HPC convened an event focused on health care workforce challenges, discussing impacts to patient care, equity, and cost



**Looking Ahead**

# Moving Forward

**Health Connector staff will continue to update the Board on developments related to these and other policy topics.**

- Staff are working with the HIX team to prioritize and design updates to reflect new requirements
- Staff will continue to follow ongoing judicial activity to monitor potential impacts to the Health Connector and its members
- Staff will monitor additional rulemaking expected this year, including federal regulatory action on short-term limited duration insurance