



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
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Executive Director

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

Thursday, May 11, 2023
9:02 AM to 11:00 AM

Live Stream

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

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

The meeting was called to order at 9:02 A.M.

- I. Minutes:** The minutes of the March 9, 2023 meeting were approved by roll call vote.
- II. Executive Director's Report:** Ms. Gasteier began by thanking Dr. Chernew for chairing the May Board meeting and welcomed everyone to the meeting. Ms. Gasteier walked through the full Board agenda and highlighted the topmost priority of the year which is to provide coverage to individuals who may lose MassHealth as a result of the Medicaid redetermination process that began last month. She mentioned that MassHealth would join the presentation to give an early update on the process before presenting the ongoing work of the Health Connector (CCA) to be supportive of residents transitioning in coverage. Despite the redetermination process being in its early stages, Ms. Gasteier shared that the operational processes have worked as expected and that CCA has seen optimistic early signs of enrollment uptake and that the volume is expected to increase in the next few months, but CCA expects to continue to be able to manage the volume.

She noted that later in the meeting, the Board would be presented with a request for their approval on targeted regulatory amendments that would support protections for access to zero-dollar cost sharing for preventive services for Massachusetts residents. She explained that the current Minimum Creditable Coverage (MCC) standards included access to preventive services and required that they not be subject to a deductible, but as a result of a recent Federal Court decision, CCA was prompted to propose strengthening MCC to mirror the zero-dollar cost sharing requirements provided by the Affordable Care Act (ACA). She further explained that with the proposed amendments, Massachusetts taxpayers looking to comply with the state individual mandate and meet MCC standards would need coverage that includes zero-dollar cost sharing for

preventive services, protecting ongoing access to the services that residents have had in their coverage for the last decade.

Ms. Gasteier stated that CCA would also provide a high-level overview of recent policy updates. She shared that in the previous month, the Blue Cross Blue Shield Foundation published its *Closing the Coverage Gaps* report that highlighted new data and analysis on the uninsured Massachusetts residents and why they lack coverage. The report based on pre-pandemic data, found that 42 percent of the uninsured population was between 19-34 years old, 40 percent were born outside of the United States, 30 percent are non-citizens, and nearly 70 percent would qualify for MassHealth or a ConnectorCare Plan or in other words, health coverage that is free or very low cost. Ms. Gasteier shared that the report also identified costs, language access, and other administrative process challenges that lead to people not seeking health coverage and included an array of suggested policy approaches to address the health care disparities that would help inform and augment CCA's own internal analysis and data.

Ms. Gasteier then shared an update on the administrative burdens audit which was discussed with the Board in November 2022 where the Board voted to contract with Manatt Health Strategies (Manatt) to conduct an equity-focused audit to identify points of friction and burden in the process of getting and staying covered. She mentioned that CCA has worked with Manatt over the last several months to do a hard target search of the entire online enrollment process to identify where applicants and members experience issues or abandon the enrollment process entirely. Ms. Gasteier further explained that Manatt spent time with individual applicants and members watching them in real time use the HIX system to see where they had questions or barriers occurred and as a result, individuals experienced frustration that made it difficult to finish their enrollment or make account updates. Ms. Gasteier expressed that CCA has long known that the online HIX system experience can be confusing, and it was sometimes painful to hear and watch the frustration, but that it would further deepen CCA's commitment to addressing the administrative burdens. The audit identified areas of policy, technology, and system display where members noted issues and the next and final phase would entail taking steps to prioritize areas for improvement. Ms. Gasteier acknowledged that the Commonwealth should be proud of the work done to make health coverage affordable and the work done on outreach and education, while reiterating the importance of making the actual process of obtaining health coverage as easy as possible. She stated that removal of administrative burdens is critical for CCA to deliver its promise on health reform and move towards health equity and assured the Board that the CCA team would provide updates on findings from the next phase of the audit.

To conclude, Ms. Gasteier thanked the CCA team for the work done around the clock to be engaged and supportive of the Commonwealth through the redeterminations process, while continuing to strive to be the most effective and forward-leaning Marketplace as possible.

Before moving onto the next agenda item, Ms. Turnbull thanked Ms. Gasteier for the update and commented about the importance of the information in the Blue Cross Blue Shield Foundation report and asked it to be distributed to all Board members.

III. Update on MassHealth Redeterminations and Enrollment Transitions to the Health Connector: The presentation "Update on MassHealth Redeterminations and Enrollment Transitions to the Health Connector" was presented by Marissa Woltmann, Patricia Grant, Jason Lefferts, and Elizabeth LaMontagne, Chief of Staff at MassHealth. Ms. Woltmann began by giving a refresher of the federal protections of Medicaid benefits that were part of the 2020 COVID-19 relief bill and ended on March 31st. She reminded everyone that the end of Medicaid protections began a year-long process in which MassHealth will be reviewing all its members and

determining who is still eligible for the program and who will need to move out of the program. She shared that since the redetermination process began on April 1st, many MassHealth members have left their program and become eligible for and enrolled in CCA plans without gaps in coverage. Ms. Woltmann shared that enrollment transitions are expected to intensify in the upcoming months and CCA is prepared to meet individuals wherever they are in the process.

Ms. LaMontagne then presented an overview of the MassHealth redeterminations process and shared that renewals are typically a regular annual requirement for members that rely on existing proven processes. However, she noted that this renewal cycle was different because there had been federal continuous coverage requirements in place for nearly three years, causing an increase in the MassHealth caseload from 1.8 million members to 2.3 million members and because members may not understand the implications of their renewals as they have generally not experienced any coverage repercussions if they did not reply to renewal letters while the continuous coverage requirements were in place. Ms. LaMontagne shared that MassHealth prepared for the redetermination process by increasing operational capacity to support increased volume, conducting outreach to members, stakeholders, and partners, and supporting specific member populations. She then noted MassHealth's top three goals, highlighting the focus on ensuring members receive the best benefit that they are eligible for, whether they stay with MassHealth, transition to CCA coverage, or find access to employer-sponsored insurance.

Ms. LaMontagne then shared MassHealth's outreach efforts and the key messages for members, focusing on the need to call to update their contact information, check the mail and keep an eye out for the blue envelope, and lastly, respond to MassHealth. She also shared that members should expect to receive a call, a text message, and an email to alert them of their selection for renewal. In addition to these outreach efforts, Ms. LaMontagne stated that MassHealth has developed additional supports, such as specific messaging, flyers, holding webinars supporting specific populations, and making this process as clear as possible and accessible for individuals with disabilities, members experiencing homelessness, and those who are non-citizens. She shared that MassHealth has also partnered with Health Care For All (HCFA) to launch the "Your Family, Your Health" campaign focused on the 15 Massachusetts towns and cities where there are the most MassHealth members at risk of losing their health coverage. She added that the campaign will include door-to-door canvassing, events held by community-based organization grants, and media buys.

Ms. LaMontagne then presented renewal data for the month of April, in which about 70,000 households were selected for redetermination. She mentioned that the MassHealth systems and contact center were operating as expected during the first month and that MassHealth held over 30 stakeholder presentations in April (over 110 presentations since January) for stakeholders, partners, and members. She further shared that, through their partnership with HCFA, they had already engaged with 42 community-based organizations to conduct outreach activities, knocked on nearly 146,000 doors and spoken to about 26,000 people about the redetermination process. Additionally, this partnership had launched a multicultural, multilingual ad campaign in more than 60 media outlets. To conclude, Ms. LaMontagne shared some helpful resources including the link to the member-facing website, the outreach toolkit, the MassHealth renewal help guide, and previously recorded webinars.

Before continuing to the next part of the presentation, Ms. Turnbull thanked Ms. LaMontagne for the updates, was appreciative of having MassHealth representation at the Board meeting and suggested continuing to have this representation throughout the redetermination process. Ms. Turnbull then asked a question about the plans offered by the Health Connector and ConnectorCare that differ from the Accountable Care Organizations (ACOs) offered by

MassHealth and the outreach and education efforts to ensure individuals understand the different programs. In response to Ms. Turnbull's question, Ms. Woltmann explained that carriers are best positioned to do outreach in a direct and specific way to help members crosswalk their providers, but carriers were also asked to compare networks in their Managed Care Organizations (MCOs) and ACOs, as well as their Qualified Health Plan products to determine whether MassHealth members are using overlapping providers. Ms. Turnbull thanked Ms. Woltmann for her response and asked the team to continue to monitor the effects of MassHealth's plan offerings.

Ms. Woltmann then moved onto the Health Connector enrollment updates stating that the population transitioning from MassHealth to the Health Connector had been active and engaged. She further explained that the majority of the individuals proactively went to the system and made updates to their application fulfilling the renewal requirements. Approximately 3,300 individuals had transitioned from MassHealth to being enrolled in a Health Connector plan, reflecting about 27 percent of renewed individuals who had so far been found eligible for a Health Connector plan. She noted that the early enrollment figures exceeded forecasted enrollment in Health Connector coverage, but that staff would continue to monitor membership trends.

To support individuals who are transitioning, Ms. Woltmann shared that there are several strategies already in place including the extension of the Special Enrollment Period through November 23rd, usage of existing policies to reduce coverage gaps, adjustments of retroactive and reinstated coverage capabilities, providing the option for automatic enrollment to reduce administrative burdens, and the increase in the range of incomes automatically considered verified.

Ms. Grant then presented an update on CCA's Contact Center performance. She stated that the Contact Center volumes were stable with only a slight increase in call volume, but the forecasted and actual offered numbers remained closely aligned. She also shared the center was overstaffed and service levels remained in the mid to high 90 percentile. Ms. Grant mentioned that CCA was working with Accenture on adding additional language capacity to the Interactive Voice Response, the automated menu on the phone, to allow for individuals to choose the language they would like to navigate the IVR messages in. Ms. Grant stated that CCA also continues to work with Accenture on the forecast for call volume and staffing, both of which were being discussed for July and August 2023. Ms. Grant shared that the second vendor will begin to hire 50 full-time employees that will begin in waves in mid-June and mid-July and will be cross trained in paper processing and outbound calls. To conclude, Ms. Grant shared that CCA was in the process of recruiting and hiring a nine-person Mobile Outreach Team that's expected to begin on July 1 and will include two outreach coordinators and a supervisor to increase assister capacity in areas such as pharmacies, libraries, food pantries, townhalls, and homeless shelters.

In response to a question from Ms. Turnbull regarding anticipated progress and volume, Ms. Grant stated that from a Contact Center perspective, the expectation is that end of May and going into June is when volumes will increase, as well as towards the end of September and October.

Mr. Lefferts then presented the section on communications and outreach and stated that the top priority during the redetermination process is reaching out directly to newly eligible people through various forms of contact such as text messages, mail, email, and robo-calls. Mr. Lefferts shared that the calendar of communications had already started the previous month and that the team was confident they'd be able to continue to carry out the planned activities. He also shared that the texting functionality had launched in April as a pilot project and resulted in 15,000 delivered text messages. Additionally, he stated that the open rate for weekly and the deadline emails was over 40 percent, which was higher than the typical percentage.

Mr. Lefferts reminded the Board of the nine community events scheduled through mid-July and shared that the first informational activity was scheduled for that weekend at the World's Largest Pancake Breakfast in Springfield. He also reminded everyone of the monthly webinars focused on redeterminations and added that future sessions will be available in Spanish and Portuguese. Mr. Lefferts shared that training for Navigators and Certified Application Counselors (CAC) was completed. In terms of increasing visibility, Mr. Lefferts mentioned that the social media toolkit had been published at the end of March, distributed to stakeholders, and that there would be a continuation of working the business community to make sure employees are supported by employers and employment sponsored coverage.

Mr. Lefferts then described in detail the upcoming enrollment events that will offer direct member support. He stated the first event will be on June 11th at Fenway Park, and that CCA will be the lead sponsor of El Mundo's Annual Health Fair, therefore CCA will plan to have plenty of Navigator and CAC support with the right resources and infrastructure to provide assistance. Regarding promotion of these events, Mr. Lefferts stated that direct mail to newly eligible residents, paid media, ethnic media outlets, broader outlets like television, billboards, and public transportation are some examples of channels that will be used. He added that CCA is working on partnerships with Telemundo and Fox 25 for the Women's World Cup. One unique item Mr. Lefferts noted with Fox 25 is the "Zip Trips" in which The Morning Show goes to a different community in Eastern Massachusetts with residents attending as the audience; CCA will be on site every Friday.

To conclude the presentation, Ms. Woltmann reiterated CCA's top priority is to help individuals stay covered during this time of transition with the efforts of the team, external partners, and the Board. In response to a question from Ms. Turnbull regarding additional resources for community partners and Navigators, Mr. Lefferts stated that they would in the short term make more resources available as well as create a virtual opportunity and leverage the community Specialists team. Ms. Turnbull appreciated the contingency plans being thought of already and Dr. Chernew agreed.

Before going onto the next topic, Dr. Chernew mentioned that he was chairing the Board meeting as Vice Chair in Secretary Walsh's absence. He welcomed Karen Tseng, Senior Advisor at the Executive Office of Health and Human Services, to the meeting and she shared some information about the administration.

IV. Proposed Amendments to Minimum Creditable Coverage (MCC) Regulations (VOTE): The presentation "Minimum Creditable Coverage Regulation Amendments" was presented by Kayla Scire and Andrew Egan. Ms. Scire began the presentation by sharing that they would review proposed draft MCC amendments, and that staff would seek a Board vote on an amendment 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 as part of the state individual mandate. She specified that this amendment would preserve coverage standards that were already in practice in the Massachusetts market, despite a recent federal court ruling from the Northern District of Texas.

Ms. Scire then gave a high-level overview of the individual mandate and MCC. She explained that 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 MCC standards or potentially face a penalty. She added that state law defines MCC at a high level and authorizes the CCA Board to further determine the minimum standards of the plans that individual residents are required to have. Ms. Scire also shared that the CCA's MCC regulations govern what constitutes MCC for about 5

million state residents. Ms. Scire then mentioned that staff were proposing draft amendments to the regulations at 956 CMR 5.00 to ensure a recent federal court ruling did not weaken access to existing robust coverage of preventive services in Massachusetts or change residents' ability to afford and access these services. She clarified that while MCC does not apply to health plans directly, plans often choose to meet MCC standards so that members do not face tax penalties.

Ms. Scire then gave an overview of *Braidwood Management Inc. v. Becerra*, a recent U.S. District Court ruling that placed limitation on the ability of the federal government to enforce the ACA's requirement that health plans cover a broad range of preventive services without cost-sharing. She noted that the ruling determined that any recommendations made after 2010 were not enforceable, which allowed insurers and plan sponsors to remove coverage or charge cost-sharing for preventive services. She clarified that the ruling will not cause any benefits to change once a plan year has started, however it will be feasible that individuals see reduced access to preventive services in plan years beginning after the ruling, as early as 2024. Ms. Scire reminded everyone that for the on-exchange population, to ensure members would not face changes that disrupt their access to preventive services for the 2024 plan year, CCA included language in its 2024 Seal of Approval Requests for Responses requiring carriers to continue to cover all the preventive services required by the ACA and to cover them without cost-sharing.

Mr. Egan then introduced the MCC regulations that serve as a CCA tool to help preserve residents' access to preventive services. He shared that for over a decade, MCC regulations have already required Massachusetts residents to enroll in a health plan that includes coverage of the ACA's preventive health services without subjecting that coverage to a deductible, including the services impacted by the *Braidwood* decision. He explained that under the regulations as they were, a resident's coverage could be considered MCC even if forms of cost-sharing other than deductibles applied to preventive health services, therefore staff recommended amending MCC regulations to prohibit any cost sharing for all preventive services. Furthermore, he shared that staff recommended a clarifying edit to 956 CMR 5.03 (1)(a)6. to replace the word "preventive" with the defined term "Preventive Health Services," to avoid the doubt that all of the preventive services required to be covered by the ACA without cost-sharing before the *Braidwood* decision must be included.

Mr. Egan then laid out the timeline for the regulatory process which included the Board vote on draft amendments, notices to various stakeholders, a public hearing, a comment process, an additional Board vote on final amendments, and then the publication of the amendments in the next volume of the Massachusetts register, making the regulations effective that day.

In response to a question from Mr. Gulko regarding Health Savings Accounts compatible plans and the definition of preventive services, Mr. Egan confirmed that CCA's MCC regulations do treat HSA-compatible high deductible health plans as MCC qualifying and account for to their needs to satisfy federal requirements. Ms. Turnbull then asked a question about carriers and their commitment to which Ms. Gasteier shared that carriers very rapidly expressed their concerns about the *Braidwood* decision and doubled down on their commitment to preventive services. She added that these are services that Massachusetts consumers and people countrywide have counted on for the last decade and carriers did not express interest in retreating from their commitment to that level of coverage. Ms. Turnbull noted that having carriers take a public stance is something that makes Massachusetts unique from the rest of the states. Mr. Veno shared that the self-insured coverage through the Group Insurance Commission (GIC) continues to cover preventive services aligned with the ACA. Dr. Chernew mentioned that the GIC design plans should be acknowledged and recognized to help have consistency across the various aspects of insurance.

At this time, Dr. Chernew motioned for a vote for the Board to issue the draft regulation amendments at 956 CMR 5.00. With no additional discussion, the Board voted unanimously through roll call and approved draft MCC regulation amendments. Dr. Chernew then introduced the final presentation.

- V. **Policy Update:** The presentation “Policy Updates” was presented by Marissa Woltmann, which included updates on federal and state policy developments. Ms. Woltmann began the presentation by sharing a recent U.S. District Court ruling that would revoke the U.S. Food and Drug Administration’s 2000 approval of the drug mifepristone, which is commonly used in medication abortions. The decision was stayed by the Supreme Court in late April, while an appeal is in process through the Fifth Circuit Court. Ms. Woltmann shared that on April 10th, Governor Healey issued an Executive Order reaffirming continued access to the drug mifepristone and Ms. Woltmann added that CCA issuers are expected to continue covering mifepristone without change. In reference to the Braidwood ruling previously presented by Ms. Scire and Mr. Egan, Ms. Woltmann shared CCA would continue to monitor the appeals process in the case.

In terms of federal regulatory activities, Ms. Woltmann shared that the Centers for Medicare and Medicaid Services finalized its annual regulation—the 2024 notice of benefit and payment parameters. She added that these were aimed at reducing administrative burdens to coverage, which aligned with the agency’s goals. Ms. Woltmann highlighted that the rule (1) changed the process for verifying applicants’ income, directing Marketplaces to accept an applicant’s attested income, (2) modified the rules for individuals who’ve received Advanced Premium Tax Credits during the year but don’t file a tax return the following spring, and (3) removed a prohibition on Navigators and Assisters using unsolicited means of direct contact to provide enrollment assistance.

Another noteworthy item in the federal regulatory space was a proposed rule that would modify eligibility rules in the area of immigration. Ms. Woltmann explained that the proposed rule would allow Deferred Action for Childhood Arrivals (DACA) recipients to have access to Health Connector plans and subsidies. She shared that as of March 31, 2020, about 5, 480 Massachusetts residents were active DACA recipients. She noted that CMS is hoping to finalize the proposal by November 1st so newly eligible individuals can join Marketplace coverage during Open Enrollment. She added that as a result CCA is working with Optum and MassHealth to determine what implementation may look like.

In terms of state regulatory activities, Ms. Woltmann shared that the DOI issued regulations earlier this year, resulting in modification of the rate filing process for carriers and shifting the rate filing deadline from July 1st to May 15th. She also shared that DOI is working on implementation related to Chapter 287 of the Acts of 2022 about dental medical loss ratios, a law approved by voters in a 2022 ballot initiative requiring dental issuers to spend at least 83 percent of revenue on members’ dental expenses and quality initiatives, so the DOI has been conducting listening sessions and gathering feedback to prepare to issue regulations later this year. In response to a question from Ms. Turnbull regarding the wording of the ballot initiative on receiving a refund and its similarities to the ACA, Ms. Butler confirmed that rebates are very similar to the ACA.

Ms. Woltmann then presented Health Policy Commission (HPC) updates. She shared that HPC held a hearing in March related to the health care cost growth benchmark and voted in April to set the benchmark at 3.6 percent for 2024. She also mentioned that HPC convened an event with two panel discussions in March focused on workforce challenges and discussed the impacts on care cost, equity efforts, and its impact on patients. To conclude, Ms. Woltmann shared that CCA will

continue to follow the litigation and new regulations, as well as watching a federal regulation related to short-term limited duration insurance that is expected later this year.

At this time, Mr. Gulko asked questions related to CCA's lease renewal for the Worcester walk-in center and the contract with a policy support consultant. Ms. Grant explained that CCA is evaluating their walk-in centers to potentially collocate with MassHealth or another agency. In response to the second question related to the policy consulting services, Ms. Gasteier expressed the need for increasing staffing capacity and the measures taken in the procurement process.

Ms. Turnbull then thanked Ms. Woltmann for the policy updates and encouraged all Board members to read the Blue Cross Blue Shield Foundation report previously referenced in the meeting and asked everyone to think about the remaining uninsured population. Ms. Gasteier noted that CCA has been monitoring some of the policy endeavors in Colorado, New Mexico, Washington state and the interesting developments that have happened in recent years.

Dr. Chernew thanked everyone including the Commissioners and the CCA staff for the incredible work on redeterminations and MCC. With no further discussion or agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 10:23 A.M.

Respectfully submitted,

Nuryelis Herrera