



Conditional Award of the 2024 Seal of Approval (VOTE)

MARISSA WOLTMANN
Chief of Policy

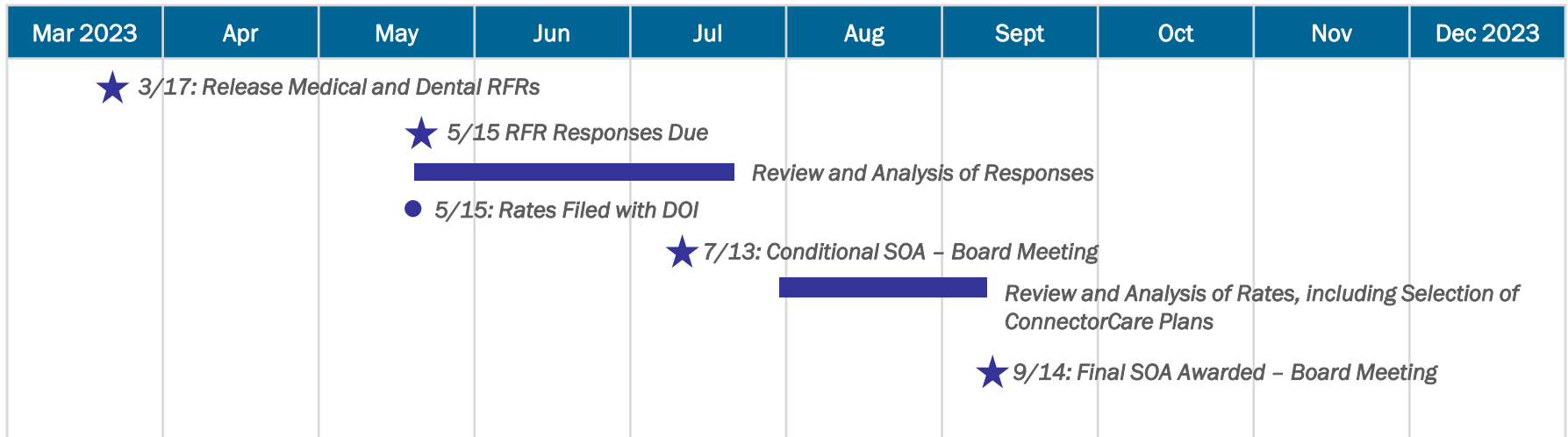
SAMUEL ADAMS
Senior Manager, Health & Dental Plans

Board of Directors Meeting, July 13, 2023

2024 Conditional Seal of Approval

Staff request the Health Connector Board of Directors allow further consideration of the proposed plans we received in response to the Seal of Approval (SOA) Request for Responses (RFR) issued in March.

- A vote today authorizing the Conditional SOA allows staff to consider these plans for sale through the Health Connector for the 2024 benefit year; it is not an indication of expected approval, but rather a signal to the market of the types of plans we are considering for sale to Massachusetts residents
- Staff will return to the Board in September seeking a final award of the 2024 SOA, after the Division of Insurance (DOI) completes its form and rate filing review process and Health Connector staff complete review of the value the plans offer to our Marketplace



Refresher on 2024 Product Goals and Strategies

The 2024 SOA requested information and action from carriers on policy areas of interest, with a focus on health equity, while maintaining a stable product shelf.

- These items build on continued initiatives from prior years removing cost-sharing in ConnectorCare for medication assisted treatment and certain chronic condition medications and broader program requirements consistent with the state’s behavioral health roadmap

Topic Area	Action
Preventive services	<ul style="list-style-type: none"> Deferred and forgone care: Carriers will be required to conduct a multi-lingual, multi-modal campaign focusing on ensuring members receive high-value, no cost preventive services, especially PCP visits, preventive screenings for breast, colon, and cervical cancer, and dental cleanings Continued access to \$0 services: In light of the recent court decision preventing implementation and enforcement of preventive service protections under the ACA, the Health Connector embedded ACA preventive care and cost sharing requirements into 2024 plans
Maternal health	<ul style="list-style-type: none"> The Health Connector will align with MassHealth to promote access to doula services for members to address racial inequities in maternal health outcomes The Health Connector expects issuers to follow any developments related to doula licensing or accreditation by state agencies or the Legislature and to prepare for improving coverage for maternal health services through doula coverage in upcoming plan years
Provider access and data	<ul style="list-style-type: none"> Prominent display of information on the Health Connector’s website of carrier resources for Behavioral Health Services for Children and Adolescents (BHCA) coverage Analysis of in-network status for Federally Qualified Health Centers (FQHCs) and Family Planning Providers (FPPs) Inclusion of provider and facility information from pertinent Community Behavioral Health Centers to enhance member awareness and provider search capacity

A faint, light blue graphic of a scale of justice is visible in the background of the slide. It features a central vertical pillar with a curved arm extending from the top, holding a horizontal beam. The scale is positioned on the left side of the slide, with the right side being a plain light blue background.

Qualified Health Plan (QHP) Submissions

Overview of Qualified Health Plans

Eight medical carriers responded to the 2024 Seal of Approval, submitting a total of 46 non-group and 56 small group, Qualified Health Plans (QHPs).

- Carriers continue to be required to offer standard platinum, high gold, high silver, low silver (small group only) and bronze plans; a non-standard low gold plan; and a PPO plan for small groups
 - Standard plan designs represent ~80 percent of plans offered in PY2024. These plans seek to provide copay-first cost sharing, with focus on primary care and generic medications, for enrollees
- Eight existing health plan issuers and two existing dental plan issuers seek to offer plans on-exchange in 2024
 - ConnectorCare plans will newly be available from Blue Cross Blue Shield (BCBS), Harvard Pilgrim Health Care (HPHC), United, and Massachusetts General Brigham Health Plan's (MGBHP's) Complete network. These offerings will be in addition to the existing ConnectorCare carriers, Fallon, MGBHP-Select, Health New England, Tufts Direct, and WellSense



Overview of Non-Group Qualified Health Plans

The chart below outlines the 46 non-group QHPs proposed for the Health Connector’s consideration for 2024, a net increase of one plan from 2023.

Non-Group 2024*							
Issuers	Platinum	Gold	Silver	Bronze	Catastrophic *	Total 2024	Total 2023 for Comparison
Blue Cross Blue Shield	1	2	1	1	1	6	6
Fallon Health	1	2	1	1	0	5	5
Health New England	1	2	1	2	0	6	6
Harvard Pilgrim Health Care	1	2	1	2	0	6	6
Mass General Brigham Health Plan	1	3	2	1	0	7	6
Tufts Health Plan - Direct	1	2	1	1	1	6	6
United	1	2	1	1	0	5	5
WellSense Health Plan	1	2	1	1	0	5	5
Total 2024	8	17	9	10	2	46	45
Total 2023 for Comparison	8	16	9	10	2	45	

*Excludes Catastrophic plans requested for withdrawal – subject to Board approval.

Overview of Small Group Qualified Health Plans

The chart below outlines the 56 small group QHPs proposed for the Health Connector’s consideration for 2024, a net decrease of one plan from 2023.

Small Group 2024*						
Issuers	Platinum	Gold	Silver	Bronze	Total 2024	Total 2023 for Comparison
Blue Cross Blue Shield	1	2	3	1	7	7
Fallon Health	1	2	2	1	6	6
Health New England	1	2	3	2	8	8
Harvard Pilgrim Health Care	1	2	3	2	8	8
Mass General Brigham Health Plan	1	2	3	1	7	8
Tufts Health Plan - Direct	1	2	2	1	6	6
United	1	3	2	1	7	7
WellSense Health Plan	1	2	3	1	7	7
Total 2024	8	17	21	10	56	57
Total 2023 for Comparison	8	17	22	10	57	



Overview of Responses

Non-Standard Plans and Catastrophic Plans

Non-standard and catastrophic offerings are the same as 2023, with the exception of some small cost sharing modifications.

Non-Standard Plans

- Low gold is a non-standard tier within a fixed AV range. Four carriers provided plans with combined deductibles and four have split Rx/Medical deductibles
- Silver: WellSense offers one non-standard silver plan on small-group only. Enrollment in this plan is ~50 members
- Bronze: Two non-standard bronze plans are offered by HNE and HPHC. These plans have \$3,500 deductibles

Catastrophic Plans

- Each year, carriers may request to waive offering catastrophic plans if sufficient choice is available
- For 2024, staff recommend granting all requested waivers, resulting in identical catastrophic plan offerings to 2023 (BCBS and Tufts Direct)

Service Area Changes

Other service area adjustments were made to align with the new requirement that on- and off-Exchange service areas match, including for ConnectorCare offerings.

- **Fallon** has requested to expand their on-exchange service area to cover Berkshire County, Suffolk County, an area of Worcester County not previously served, and select towns in Norfolk County. Fallon's proposal meets network adequacy standards and aligns with the Issuer's existing presence in the MassHealth program
- **Health New England** will exit the merged market in Worcester County, impacting about 700 individual and 200 small group members through the Health Connector, as well as members enrolled through other channels outside the Health Connector
- **United** will expand their service area from Suffolk and part of Middlesex County in 2023 to statewide coverage in 2024
- **WellSense** will offer all plans on their broadest service area in 2024, which was previously unique to their Silver tier plans. WellSense's platinum, gold, and bronze plans will be newly available to 455 additional zip codes in 2024, largely in the Springfield, Worcester, and Barnstable areas

Quality and Value Initiatives: Health Equity

The Health Connector sought narrative submissions from carriers on a range of topics to inform future policy development.

- **National Committee for Quality Assurance (NCQA) Certifications:** One carrier noted already receiving NCQA's Health Equity Accreditation, which provides a framework for organizations to pursue equity goals and reduce disparities. Three other carriers are seeking certification by the end of 2024
- **Language Access:** Issuers described various supports for members who prefer languages other than English, including a dedicated Spanish language call center and issuer websites available in five languages. Some carriers also extensively audit non-English calls to determine volume and quality trends such as most common languages, minutes per language, and disconnected calls before interpretation services were rendered
- **Algorithmic Bias in Health Plan Administration:** The Health Connector asked issuers to describe whether and how they use algorithms in their processes. Most carriers attested to using algorithms to establish risk score profiles, which may consist of medical conditions, utilization from claims data, and social determinants of health codes when applicable
- **Climate Impacts:** The Health Connector asked about policies, existing or in consideration, to ensure access to care for members experiencing climate-related events. Carriers noted becoming signatories of the White House Health Sector Climate Pledge, prior authorization and special authorization policies to expand in-network care, establishing internal task forces to measure climate related financial disclosures, and community programs such as providing hygiene kits, direct aid, and premium forgiveness to assist members



ConnectorCare

ConnectorCare Program Design

The full design of the ConnectorCare program will be included in the Final SOA presentation to the Board in September, following completion of Health Connector and Division of Insurance (DOI) review, including premium rate review.

- As per the Health Connector's requirement, Blue Cross Blue Shield, Harvard Pilgrim Health Care, and United are on track to join ConnectorCare for January, and MGBHP will newly participate with its Complete network as well as the Select network offering it has had historically. This will be the first time in the Health Connector's history that its entire covered population will have access to the same carriers and provider networks, regardless of their income and/or subsidy eligibility status
- Staff anticipate each ConnectorCare subregion to include at least 5 carrier offerings and as many as 8 carriers offering plans
- Final rates will inform enrollee contributions for ConnectorCare plans
- Staff continue to monitor legislative developments related to the proposed two-year pilot to expand ConnectorCare to 500 percent of the Federal Poverty Level, as included in the FY24 House budget. If the proposed ConnectorCare Expansion Pilot is in the final budget and signed into law, staff will pivot quickly to update SOA RFR materials and communicate new program parameters to carriers
 - The Health Connector posted a notice alongside the RFR outlining what bidders could expect from if the pilot passes
 - An actual redlined RFR updating definitions and testing expectations would be posted after passage, should it occur



Qualified Dental Plan (QDP) Submissions

Overview of Qualified Dental Plans

The proposed 2024 dental shelf is very similar to 2023.

- Two existing carriers proposed to offer plans to the non-group market: Altus Dental and Delta Dental
- Three existing carriers proposed to offer plans to the small group market: Altus Dental, Blue Cross Blue Shield, and Delta Dental; however, BCBS again requested to waive on-exchange sale. Notably, Guardian Dental, who previously received a waiver for sale, withdrew entirely from Massachusetts and did not seek QDP certification in 2024
- Product offerings from all carriers are identical to 2023

Plan Year 2024							
Carriers	Non-Group	Small Group	Intent to sell on exchange	High	Low	Pedi	Total
<i>Altus Dental</i>	✓	✓	✓	1	1	1	3
<i>Blue Cross Blue Shield of MA</i>		✓		1	1	2	4
<i>Delta Dental of MA</i>	✓	✓	✓	2	3	4	9
TOTAL				4	5	7	16



Next Steps and Vote

2024 Seal of Approval: Next Steps

The Conditional Seal of Approval is an important step in the process, but more data and analysis, particularly regarding premiums, is required before the 2024 product shelves are finalized.

- Health Connector staff will work throughout the summer to develop recommendations for the final award of the Seal of Approval for the Board's consideration
 - Carriers must demonstrate compliance with all DOI requirements, including completion of premium rate review
 - A final recommendation will be based on confirmation that all SOA plans offer good value to our members and meet ConnectorCare network adequacy standards in all proposed coverage areas, and that carriers are ready to enter a contract with the Health Connector

VOTE

The Health Connector staff recommend that the Health Connector Board of Directors allow the 2024 Conditional Seal of Approval to enable consideration of all recommended standardized and non-standardized QHPs and QDPs proposed by the following carriers:

- Altus Dental
- Blue Cross Blue Shield of MA
- Delta Dental of MA
- Fallon Health
- Harvard Pilgrim Health Care
- Health New England
- Mass General Brigham Health Plan
- Tufts Health Plan – Direct
- UnitedHealthcare
- WellSense Health Plan



Appendix 1: PY 2024 Standard Plan Designs

2024 QHP Standardized Designs

Plan Feature/ Service		Platinum	High Gold	High Silver	Low Silver (HSA compatible, Small Group Only)	Bronze #1	Bronze #2 (HSA compatible)
<i>Note: "Deductible then..." means the member must first meet the plan's deductible; then, the member pays only the copay as listed for in-network services.</i>							
Annual Deductible – Combined		\$0	\$0	\$2,000	\$2,000	\$2,850	\$3,600
		\$0	\$0	\$4,000	\$4,000	\$5,700	\$7,200
Annual Deductible – Medical		N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Deductible – Prescription Drugs		N/A	N/A	N/A	N/A	N/A	N/A
		N/A	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum		\$3,000	\$6,000	\$9,450	\$7,050	\$9,450	\$8,000
		\$6,000	\$12,000	\$18,900	\$14,100	\$18,900	\$16,000
Primary Care Provider (PCP) Office Visits and Mental/Behavioral Health Outpatient Services		\$20	\$30	\$25	Deductible then \$30	Deductible then \$30	Deductible then \$60
Specialist Office Visits		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Urgent Care		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Emergency Room		\$150	\$350	Deductible then \$350	Deductible then \$300	Deductible then \$400	Deductible then \$875
Emergency Transportation		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Inpatient Hospitalization		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Skilled Nursing Facility		\$500	\$750	Deductible then \$1,000	Deductible then \$750	Deductible then \$1,000	Deductible then \$1,500
Durable Medical Equipment		20 percent	20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent	Deductible then 20 percent
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$40	\$55	\$60	Deductible then \$60	Deductible then \$65	Deductible then \$90
Laboratory Outpatient and Professional Services		\$0	\$25	\$40	Deductible then \$60	Deductible then \$50	Deductible then \$55
X-rays and Diagnostic Imaging		\$0	\$75	Deductible then \$50	Deductible then \$75	Deductible then \$100	Deductible then \$135
High-Cost Imaging		\$150	\$250	Deductible then \$350	Deductible then \$500	Deductible then \$350	Deductible then \$750
Outpatient Surgery: Ambulatory Surgery Center		\$250	\$500	Deductible then \$500	Deductible then \$500	Deductible then \$500	Deductible then \$500
Outpatient Surgery: Physician/Surgical Services		\$0	\$0	Deductible then \$0	Deductible then \$0	Deductible then \$0	Deductible then \$0
Prescription Drug	Retail Tier 1	\$10	\$30	\$25	Deductible then \$30	\$30	Deductible then \$30
	Retail Tier 2	\$25	\$60	\$55	Deductible then \$60	Deductible then \$65	Deductible then \$120
	Retail Tier 3	\$50	\$90	Deductible then \$75	Deductible then \$105	Deductible then \$100	Deductible then \$200
	Mail Tier 1	\$20	\$60	\$50	Deductible then \$60	\$60	Deductible then \$60
	Mail Tier 2	\$50	\$120	\$110	Deductible then \$120	Deductible then \$130	Deductible then \$240
	Mail Tier 3	\$150	\$270	Deductible then \$225	Deductible then \$315	Deductible then \$300	Deductible then \$600
Federal Actuarial Value Calculator		90.35 percent	81.62%	71.81%	70.62 percent	64.74 percent	64.98 percent

2024: Standard Qualified Dental Plan Options

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

Note: Standard QDP designs are unchanged from 2023.