



*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, July 13, 2023
9:00 AM to 11:00 AM

Live Stream

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

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

The meeting was called to order at 9:03AM.

- I. **Minutes:** The minutes of the June 8, 2023 were approved through roll call vote. Dr. Chernew abstained.
- II. **Executive Director's Report:** Ms. Gasteier began by sharing that enrolling new members who are transitioning from MassHealth coverage as a result of the redetermination period remains as the Health Connector's (CCA's) top priority. She stated that operations continue to run smoothly, and more than 16,000 individuals had enrolled in CCA coverage, which was slightly ahead than the anticipated forecast. Ms. Gasteier mentioned that staff are preparing for upcoming substantial waves of newly eligible people and are continuing with high visibility outreach community-based enrollment activities and messaging. She added that a press event on the redetermination process was taking place later that afternoon in Worcester with the participation of Lieutenant Governor Driscoll. She also shared that the next enrollment event was scheduled for Sunday, July 23 at Polar Park in Worcester.

Ms. Gasteier then gave an overview of the Board meeting agenda, which included an update on redeterminations from CCA as well as from Elizabeth LaMontagne, Chief Operating Officer at MassHealth, an important milestone in the 2024 Seal of Approval, a CCA annual budget update, and a request for the Board's final approval of proposed amendments to the Minimum Creditable Coverage regulations. She also noted that the Biden Administration proposed new rules on short-term limited duration plans and other plans that often fail to deliver full benefits and consumer protections, but that Massachusetts has had existing insurance market rules to protect enrollees and highlighted the need for increased protections. In conclusion, Ms. Gasteier thanked the CCA

staff for their commitment to keeping Massachusetts residents in comprehensive and affordable coverage. She also thanked the Board of Directors for their support and insight.

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, and Elizabeth LaMontagne. Ms. Woltmann began by introducing Ms. LaMontagne and the agenda of the presentation, which included an update on MassHealth activities, CCA enrollment statistics, CCA outreach initiatives, and CCA call center performance. Ms. LaMontagne began by sharing that MassHealth has been focused on ramping up to ensure systems and processes are working as expected, while remaining committed to the MassHealth goals of preventing administrative loss of coverage, ensuring members understand and can complete key actions, and maintaining compliance with federal and state requirements. Since MassHealth began the redeterminations process on April 1st through the end of June, MassHealth has initiated redeterminations for about 331,000 members, representing a measured ramp-up and a fairly flat caseload through June.

Ms. LaMontagne continued with an update on MassHealth outreach activities through the end of June stating that through their partnership with Health Care For All (HCFA), canvassers have knocked on over 320,000 doors and community-based organizations have held over 500 events in the 15 communities with the most members at risk of losing MassHealth coverage. Additionally, she shared that MassHealth has hosted several in-person renewal events and continued with direct member outreach and sharing data with other agencies to support direct outreach and engagement for renewal. In terms of performance, Ms. LaMontagne stated that MassHealth systems and contact center are operating as expected and that they also launched an online monthly public dashboard that will allow people to see changes in caseload, trends, and other key metrics. She then walked through a couple of the functionalities and different views of the dashboard.

Ms. LaMontagne stated that MassHealth is analyzing national data and trends from states that began the redetermination process earlier than Massachusetts and are seeing that those states are facing challenges getting members to respond and keep coverage. She explained that MassHealth expects to see significant caseload reductions in July and August, due to members no longer being eligible for MassHealth coverage and/or not responding to their renewal. In conclusion, she shared that MassHealth has taken on some new measures to support members in receiving the best benefits they are eligible for including further improving the auto-renewal processes, partnering with health plans to directly assist members, continuing coordination with CCA and employers, and expanding member outreach efforts.

Ms. Turnbull thanked Ms. LaMontagne for the presentation and complimented the public dashboard. In response to a question from Ms. Turnbull about the dashboard and projections, Ms. LaMontagne explained that the dashboard is focused on representing what MassHealth is seeing now, but that they do anticipate the caseload will be around 2 million by the end of the redetermination period. In response to a follow-up question from Ms. Turnbull about the caseload trends and those that have already been redetermined, Ms. LaMontagne stated that members have 45 days to respond so many have not reached the point where they would necessarily lose coverage. She added that they elected 18,000 households to restart the process to give them the opportunity to auto-renew given the recent system enhancements.

Secretary Walsh reiterated that the redetermination process is still in its early days. Ms. Turnbull suggested evaluating the trends of people being evaluated in separate tranches and seeing if there are disproportionate effects. Secretary Walsh was supportive of Ms. Turnbull’s suggestion and thanked the MassHealth team for the work done thus far.

Ms. Woltmann then presented CCA enrollment trends to date. She shared that there was an uptick for July with over 8,000 new members transitioning from MassHealth to CCA coverage, reflecting about 22 percent of individuals who have so far been found eligible for a Health Connector plan after losing MassHealth. She noted that this conversion rate is higher than some of the preliminary data seen from other states as well as CCA's pre-Covid data. She stated that while enrollment remains ahead of forecast, staff are focused on the larger volume of renewal activity that is expected, especially during Open Enrollment. She stated that to prepare for the expected increased volume, staff have been trying to get a deeper understanding of individuals who are eligible but not enrolled and finding ways to support them in a targeted way.

Ms. Woltmann walked through program eligibilities and enrollment data, highlighting that 40 percent of individuals who have not enrolled in a CCA plan after losing MassHealth do not qualify for subsidies. She also explained some of the subsidy denial reasons among individuals who are eligible but not enrolled after losing MassHealth coverage. Additionally, Ms. Woltmann mentioned that surveys to the eligible but not enrolled population, anecdotal information from call center staff, Navigators, and others will be used to augment this data along with monitoring broader enrollment trends with the Department of Insurance (DOI) and the Center for Health Information and Analysis (CHIA). She then stated that the MassHealth redetermination period will overlap with CCA's annual redeterminations in August and staff have a particular focus on and are preparing for approximately 140,000 applications of "mixed" households that will be selected for MassHealth renewals as well as be reviewed by CCA at the same time.

In response to a question from Mr. Gulko regarding the percent of individuals who have been found eligible for a CCA plan thus far and how it compares to other states, Ms. Woltmann stated that she has not seen any states with higher percentages and that not all states are reporting data yet. She added that staff are expecting to get data from the Centers for Medicare & Medicaid Services (CMS) that will allow for some comparison. Ms. Woltmann also flagged that California's data will look slightly different given a law that was passed a few years ago that requires automatic enrollment from Medicaid to Exchange plans for anyone that is moving. In response to a question from Ms. Turnbull regarding the eligible individuals who have not enrolled, Ms. Woltmann clarified that among unsubsidized individuals who have not selected a plan, about half (47 percent) had access to other coverage. In response to a question from Ms. Turnbull regarding employer-sponsored insurance and the income threshold, Ms. Woltmann explained that if an employer-sponsored plan is more than 9.12 percent of an individual's income, then they can get tax credits instead. Ms. Turnbull inquired about whether this only applies to employers with 50 or more full-time employees, which Mr. Gulko confirmed to be the case.

Mr. Lefferts then presented updates on CCA outreach and education efforts. He stated that through June, more than 200,000 messages had been delivered across various platforms. He shared that staff are also evaluating any needs for new communication strategies, such as sending deadline communications to those leaving MassHealth coverage. Mr. Lefferts stated that by the end of July, the expectation is that nearly 30 different messages will have been sent out. Regarding public outreach, Mr. Lefferts stated that CCA enrollment events and community-based visibility events continue to take place with Navigators providing in-person assistance and almost 20,000 people have attended events thus far. He also shared the work being done on highlighting the role of employers as individuals transition from MassHealth, including webinars for small business owners and outreach to business associations.

At this time, Mr. Veno used the chat function to post a comment about the National Association of Benefits and Insurance Professionals 2023 Benefest event. Ms. Gasteier thanked Mr. Gulko for the invitation to the event in the chat.

Mr. Lefferts shared that CCA is also publishing a monthly dashboard tracking enrollment and member activity. In terms of paid media, he stated that there are 130 digital panels on the train stations and 70 billboards statewide, with a total of 4.2 million impressions. Social media messaging also continues to play a role in the paid media campaign, as well as the addition of CCA commercials during the Women's World Cup tournament and the continued weekly participation in the zip trips with Fox25. In response to a question from Ms. Turnbull about advertisements during the Women's World Cup tournament, Mr. Lefferts stated that advertisements will air on Telemundo and multiple cable channels regardless of the teams competing.

In response to a question from Secretary Walsh regarding most effective outreach approaches in areas with greater need, Mr. Lefferts stated that television is the most broad-based method and targeted social media. Secretary Walsh then suggested staff share best outreach practices in other states. Ms. Gasteier reiterated the need for evaluating strategies around media, but also around partnerships with carriers and stated that CCA is in regular contact with other states about best practices. Secretary Walsh thanked Jason and the team for the presentation.

Ms. Grant then presented updates on the CCA contact center performance and operations. She stated that call volumes continue to rise incrementally, abandonment rate continues to be less than one percent and overall satisfaction level is over 97 percent as of June. She shared that the second call center vendor, Maximus, began operations with their first wave of staff on July 5th and the second wave of staff began on July 10th to assist with outbound calls and paper processing in the event that Accenture needs to reassign its paper processing staff to taking inbound calls during high call volume. She mentioned that the first campaign Maximus is participating in is the Identity Proofing Reminder Campaign, which is a required step for individuals creating an online account. Ms. Grant then gave a breakdown of the outreach to MassHealth and CCA members made by Maximus staff, totaling 21,369 as of July 10th.

Ms. Grant shared that CCA had reached a final agreement with Accenture regarding redetermination volume forecast and staffing levels for the remainder of the redetermination period. In addition to the staff levels, there is a group of full-time employees that will serve as buffer staff in case there are spikes in call volume. She also shared that CCA's expanded Interactive Voice Response (IVR) menu and messages to include additional languages are scheduled to be live in late-July. To conclude, Ms. Grant mentioned that CCA continues to recruit, hire, and train individuals for the Mobile Outreach Team, which will provide in-person assistance to residents across the state during the redetermination period.

Ms. Woltmann then informed the Board that CCA staff will continue to provide regular updates throughout the redetermination process, highlighting data and learnings, and ongoing CCA activities to support individuals transitioning from MassHealth to CCA coverage. Secretary Walsh thanked the CCA staff and introduced the next presentation.

IV. Conditional Seal of Approval for Plan Year 2024 (VOTE): The presentation "Conditional Award of the 2024 Seal of Approval (VOTE)" was presented by Marissa Woltmann and Samuel Adams. Ms. Woltmann began by making the Board aware that she would be reviewing carrier responses to the Seal of Approval (SOA) Request for Responses (RFR) issues in March and requesting a vote to allow further consideration of the proposed plans. She explained that staff will return to the Board in September to request approval for the final award of the 2024 SOA. She stated that the 2024 SOA included a product shelf very similar to the one in the 2023 SOA and then gave an overview of the policy areas of interest, which included preventive services, maternal health, and provider access and data.

Mr. Adams began by sharing that eight medical carriers responded to the 2024 SOA, submitting a total of 46 non-group and 56 small group Qualified Health Plans. He gave an overview of the continued requirement for carriers to offer various metallic tiered plans focusing on reducing healthcare costs. Mr. Adams stated that 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 in addition to the existing offerings. He then showed an exhibit of the overall product shelf for consideration, highlighting that standard plans make up the majority of the offerings from issuers, which is nearly 80 percent of the plans offered. He noted that the non-group shelf remains stable compared to 2023.

In response to a question from Secretary Walsh regarding a member's choice of plans relative to their zip code, Mr. Adams clarified that a member's choices would be related to the carrier service area. Mr. Adams then shared that the small group shelf is also consistent with 2023 but stated the notable difference between non-group and small group offerings.

Ms. Turnbull revisited Secretary Walsh's question and in response, Mr. Adams gave the example of the Cape Cod islands having a few less options than Suffolk, Worcester County, or other areas. Mr. Gulko commented that different providers cost different amounts for the same services and encouraged CCA staff and Board members to analyze cost controls, while ensuring that there aren't further subsidies to be able to offer broader networks. Dr. Chernew agreed with Mr. Gulko's comment and asked for confirmation of his understanding of the plan choices. He also reiterated his support for what has been done with regards to the choice architecture.

In response to Ms. Vertes requests of additional context on state subsidies, Ms. Gasteier gave background on the 2023 SOA which required carriers participating in the marketplace to participate in the ConnectorCare program. She explained that the ConnectorCare program has had primarily a narrower network product than some of the carriers coming in 2024 and that staff have no intention of shrinking differences between the very bottom cost and the high cost. Ms. Turnbull also expressed her support for the move towards broader networks as well as the requirement to make all carriers participate broadly in the CCA market. Mr. Veno agreed with prior comments and reminded everyone that the federal budget also impacts CCA decisions and strategies. Dr. Chernew reiterated his support as well as the need to ensure that individuals are aware of the plan costs and options available to them. Mr. Gulko expressed that there have been challenges before and shared positive comments about the tools available for choosing plans. In response to Mr. Gulko's comment, Ms. Gasteier shared that CCA has been exploring the idea of more nuanced decision support tools and agreed with the importance of educating people on the choices they are making. Mr. Veno shared that the Group Insurance Commission (GIC) also struggles with a much narrower portfolio of plans, as it is a common feature across the industry, and they are constantly trying to determine ways to be better support members with decision support tools. Secretary Walsh expressed her concerns for having access to health insurance. Using the chat function, Ms. Turnbull responded to Mr. Gulko's comment regarding shopping for health insurance.

Mr. Adams then continued the presentation with an overview of the non-standard and catastrophic offerings available to members not eligible for ConnectorCare. With regard to the catastrophic plans, he shared that two issuers are offering the plans, but six issuers are requesting a waiver for sale on the Exchange and CCA staff recommend approval of the waivers, resulting in identical catastrophic plan offerings to 2023.

In response to a question from Ms. Turnbull about the percentage of members enrolled in non-standard plans, Mr. Adams stated that he would follow up with the data. Secretary Walsh inquired about market requirements for non-standard plans to which Ms. Gasteier confirmed that CCA is not required to offer the plans and gave a historical overview of their development. She also

reiterated that standardizing plan benefits is a great way to allow people to make clear plan choices. Ms. Turnbull echoed the importance of clearly stating the value of the plans since it would be brought before the Board for a vote.

Mr. Adams then moved onto the presentation portion of service area changes, stating that there were four issuers (Fallon, Health New England, United, and WellSense) who presented changes with regard to qualified health plans. He added that the service area adjustments were made to align with the new requirement that on- and off-exchange service areas match, including ConnectorCare offerings. Mr. Adams confirmed that the service area changes were reviewed with the Division of Insurance and adhere to the network adequacy time and distance standards. To continue to improve CCA's mission and initiatives on health equity, Mr. Adams shared that CCA requested and received narrative submissions from carriers to help design future policy development, specifically on National Committee for Quality Assurance (NCQA) certifications, language access, algorithmic bias in health plan administration, and climate impacts.

At this time, using the chat function, Ms. Kwasnik informed everyone that she needed to leave the Board meeting.

Mr. Adams then gave a preview of the ConnectorCare two-year pilot program, mentioning that staff were actively watching legislative developments on the potential expansion of ConnectorCare from 300 percent of the federal poverty line to 500 percent and preparing to update SOA RFR materials if the new program parameters are approved.

In response to a question from Secretary Walsh regarding the deadline for the passing of the house budget that includes the ConnectorCare expansion, Ms. Gasteier stated that staff will need to know if it is passed into law before running preliminary eligibility. Ms. Woltmann confirmed that preliminary eligibility takes place in mid-August. Secretary Walsh stated her opinion and prediction about the expansion to 500 percent.

With regard to the qualified dental plan (QDP) offerings for sale on-exchange, Mr. Adams shared that Altus and Delta will continue to sell plans for non-group and small group and that Blue Cross Blue Shield is seeking a QDP certification but are asking for a waiver for sale as they've done in previous years. He also stated that Guardian Dental will not be seeking QDP certification this year in Massachusetts.

In response to a question from Mr. Gulko regarding discussions with dental carriers and their continued commitment, Ms. Woltmann stated that CCA staff have not had conversations with the carriers but are closely monitoring the process that the DOI is leading. In terms of the next steps, Mr. Adams shared that final recommendations for the SOA will be presented to the Board for approval in September. He then introduced the vote language present at the July Board meeting, which would enable consideration of all the recommended standard and non-standard QHPs and ConnectorCare plans, as well as QDPs.

In response to a question from Secretary Walsh about recusing herself from the vote, Ms. Gasteier agreed that was the best practice out of caution. Ms. Hogan confirmed that there was a quorum. The Board members voted through roll call and approved the 2024 Conditional Seal of Approval to enable consideration of all recommended standardized and non-standardized QHPs and QDPs proposed by the carriers. Secretary Walsh abstained from the vote.

V. Fiscal Year 2024 Administrative Budget Update (VOTE): The presentation "Health Connector Administrative Finance Update" was presented by Kari Miller. Ms. Miller began by sharing an agenda of the presentation and informing the Board that the presentation requested a vote on the

recommendation for fiscal year (FY) 2024. She noted that the budget presented at this Board meeting was previously reviewed by the Administrative and Finance (ANF) subcommittee on June 27th. Ms. Miller began by providing some background on the CCA administrative budget which includes operating costs and costs associated with personnel, contractors, and technology, such as the eligibility system known as “HIX.” She added that the budget is financed by an administrative fee on the carriers, as well as by the Commonwealth Care Trust Fund (CCTF). Ms. Miller shared that FY23 current projections result in a net position of \$11 million. The FY24 recommendation reflects the expected enrollment growth due to the Medicaid redetermination period and one-time investments to support those transitioning from MassHealth to CCA. Across the two fiscal years, Ms. Miller shared a projection of a favorable position of about \$4.3 million.

Ms. Miller then provided a more detailed overview of the one-time investments totaling nearly \$22 million to fund additional contact center support, outreach and education activities, Navigator support, and a new mobile outreach team. She then reviewed enrollment projections according to populations as well as exhibits on the current FY23 administrative budget projections. She explained that CCA staff are projecting a net gain of about \$11 million for FY23, which is a variance of \$7.7 million due to expense reductions.

She then explained that projected enrollment for FY24 is about 30 percent higher than FY23 due to the expected growth in the subsidized populations. Specifically, she stated that for the ConnectorCare program, staff are projecting an additional 100,000 members. Ms. Miller then recapped the FY24 recommendation and stated that compared to FY23, about \$8.9 million in additional revenue is being projected given carrier fees and increased enrollment. The recommendation included a reduction of the CCTF draw to about \$35 million, while accounting for a maximum of \$9 million to fund the one-time costs associated with the redetermination period. She stated that while expenses are increasing by about \$26.5 million, about \$20 million are one-time costs. She explained that the biggest increase is the additional \$20 million for the contact center and premium billing. To conclude, Ms. Miller stated that CCA staff are projecting for FY24 about \$44 million in reserves.

In response to a question from Ms. Turnbull regarding the budget implications of the ConnectorCare expansion, Ms. Miller stated if the law fails to pass, the impact on the administrative budget would be unfavorable of about \$1.5 million. Ms. Turnbull followed up with the adverse implication, which Ms. Miller confirmed that it would help the administrative budget. In response to a question from Ms. Vertes regarding the flexibility and variability in the costs, Ms. Miller confirmed that there are some fixed expenses and some marginal expenses. In response to a question from Mr. Gulko regarding the budget line items and their trends, Ms. Miller clarified which expenses are expected to continue in FY24 and shared that more money is being budgeted for recruitment and other administrative costs.

Without further questions or comments, the Board voted unanimously and approved the proposed FY2024 administrative budget recommendation.

VI. Final Minimum Creditable Coverage Regulation Amendments (VOTE): The presentation “Final Minimum Creditable Coverage Regulation Amendments (VOTE)” was presented by Kayla Scire. She began by briefly reminding everyone that the Board voted in May 2023 to pursue proposed amendments to minimum creditable coverage (MCC) regulations to specify that no cost high value preventive services must be included in coverage that residents have to enroll in to avoid paying a tax penalty. She then stated that at the July Board meeting, staff were requesting a Board vote on final recommended amendments to MCC regulations to preserve coverage standards in the Massachusetts market.

Ms. Scire gave a review and update on the Braidwood case discussed at the May Board meeting. She explained that since the May meeting, on June 13th, the court issued an order allowing the Preventive Services Task Force recommendations and the corresponding coverage mandate to remain in effect while the Appellate Court decides the case. Ms. Scire then reviewed the current Massachusetts coverage mandate and proposed changes. To avoid a penalty, Ms. Scire explained that residents must enroll in a health plan that includes coverage of all federally defined preventive health services, even those impacted by the Braidwood decision. She further explained that under current regulations a resident's coverage can be considered MCC even if forms of cost sharing other than deductibles are present.

Ms. Scire stated that CCA accepted comments on the draft MCC regulations following the May Board meeting as well as written comments in a public hearing in June. There were two comments received from stakeholders, Blue Cross Blue Shield of Massachusetts and Health Care For All, both in support of the MCC regulation amendments. Ms. Scire stated the CCA staff recommend the Board approve the draft amendments to MCC regulations as proposed as well as making the regulation amendments effective for January 1, 2024. She then shared a timeline of the regulatory process.

In response to a clarification question from Dr. Chernew regarding the Braidwood decision, Ms. Scire confirmed that this is a snippet of CCA's response to the decision but clarified that the decision had been stayed as of June 13th. In response to a follow-up question from Dr. Chernew, Secretary Walsh confirmed that if the Braidwood decision got overturned, it would be redundant. In response to a comment from Dr. Chernew, Ms. Scire clarified that the list of services are some major additions and revisions after 2010. Secretary Walsh then questioned whether the vote language should be modified to clarify what is actually being voted on, which Dr. Chernew clarified that the vote item is to maintain Braidwood in the Commonwealth, at least for CCA. Ms. Turnbull commented that if there were to be modifications to a set of regulations, another vote would need to take place as well as a public hearing. Dr. Chernew expressed that he believes these regulations need to apply to the Commonwealth at large. Ms. Turnbull clarified that in order to meet the requirements of the individual mandate, coverage must comply with the MCC regulations. Secretary Walsh requested that the meeting minutes reflect the discussion among the Board members. Ms. Turnbull expressed her surprise and disappointment that none of the other health plans expressed support for the regulation amendments and commended Health Care For All and Blue Cross Blue Shield of Massachusetts for going on the record at the public hearing.

The Board then voted unanimously through roll call to issue the final regulation amendments at 956 CMR 5.00.

Ms. Gasteier thanked the Health Connector Board of Directors and the Health Connector staff. Secretary Walsh echoed Ms. Gasteier's comment.

With no further discussion or agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 10:50 AM. Ms. Turnbull expressed her gratitude.

Secretary Walsh and Ms. Gasteier confirmed that the next Board meeting is scheduled for September, unless there is an update from the legislature on the ConnectorCare pilot expansion.

Respectfully submitted,

Nuryelis Herrera