



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
100 City Hall Plaza
Boston, MA 02108*

MAURA T. HEALEY
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Board Chair

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Lieutenant Governor

AUDREY MORSE GASTEIER
Executive Director

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

Monday, August 14, 2023
3:30 PM to 4:00 PM

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, Dimitry Petion

The meeting was called to order at 3:38 PM.

Before starting the official agenda, Secretary Walsh disclosed that this was not a typical Board meeting and that the only item on the agenda was a presentation on ConnectorCare regulations. Ms. Gasteier then thanked everyone for convening an off-cycle Board meeting to authorize the Health Connector (CCA) to implement a new law related to health care affordability. She shared that CCA staff would be walking through proposed amendments to the ConnectorCare program regulations to authorize CCA to implement a two-year pilot program to give access to affordable coverage to more enrollees and residents. She shared that this was a historic opportunity that was made possible as a result of the signing of the Fiscal Year 2024 budget by Governor Healey.

Ms. Gasteier reminded everyone of CCA's mission and explained why this new law was so crucial to the mission, especially during the ongoing Medicaid redetermination process and the current health care affordability challenges. Ms. Gasteier reiterated that approval of the regulations would allow CCA to address the risks and challenges faced by residents. She explained that expanding the ConnectorCare program from 300 percent to 500 percent above the federal poverty level for plan year 2024 and 2025 would decrease the cost of healthcare for newly eligible people, specifically for individuals in the non-group market earning up to \$72,900 a year saving \$4,000 or more annually on healthcare.

Ms. Gasteier shared that this was the first time since CCA was created in 2006 that the Commonwealth has expanded state-level subsidy support. She thanked Governor Healey and the legislature for their support of the historic expansion. Ms. Gasteier recognized that there is a lot of work to be done, but that it starts with the presentation and vote at this Board meeting.

I. Emergency Program Regulation Amendments to 956 CMR 12.00 for ConnectorCare Eligibility Expansion (VOTE): The presentation “Amendments to ConnectorCare Regulations (VOTE) was presented by Marissa Woltmann and Andrew Egan. Ms. Woltmann began by giving an overview of ConnectorCare, highlighting that it pairs federal Advance Premium Tax Credits (APTC) with state subsidies to individuals and families up to 300 percent of the federal poverty level. She shared that currently the ConnectorCare program provides affordable, high-value coverage to 143,000 individuals or nearly half of the Health Connector’s membership. She then explained the program’s eligibility requirements as well as the Affordable Care Act criteria. With the pilot program, she stated that eligibility would expand to 500 percent of the federal poverty level rather than the current 300 percent.

Ms. Woltmann then explained the three different plan designs the ConnectorCare program has are based on household income. To implement the pilot program, she stated that CCA would add two subgroups to the plan type 3 benefit design for individuals above 300 percent through 400 percent and another for individuals above 400 percent and up to 500 percent. For plan type 3C, Ms. Woltmann stated that the minimum 2024 enrollee contribution is \$219 and for 3D, the minimum is \$255, and noted that the actuarial values are consistent with the statute parameters.

Ms. Woltmann then reviewed the measures taken by CCA to prepare for the ConnectorCare expansion pilot, including the implementation of configurable logic in the HIX application system. She also touched on some of the work done by each CCA team to prepare for the expansion pilot.

Mr. Egan then reviewed the emergency regulation process and stated that the start date for the pilot program is January 1, 2024. He explained that this process is different than the typical amendment regulation process and that federally required renewal and open enrollment processes for January 1st coverage would need to begin in mid-August. Furthermore, he shared that the regulations would go into effect as soon as they are approved by the Board and filed with the Secretary of State and remain in effect for three months; CCA will hold a public hearing on the amendments and return to the Board to vote on any additional changes or leave the regulations as amended.

Mr. Egan reiterated that the Board would be voting on the proposed amendments to the eligibility criteria for ConnectorCare in the existing CCA program regulations, creating the two new plan types previously described by Ms. Woltmann. He also stated that staff proposed the Board votes on a corrected erroneous cross-reference.

In response to a question from Secretary Walsh related to the small business market, Ms. Gasteier stated the ConnectorCare coverage is only available to people in the non-group market and that Health Connector for Business, and the small group market are a separate entity. She also reiterated that in order to be eligible for the pilot expansion, an individual cannot have access to affordable employer-sponsored insurance.

In response to a question from Secretary Walsh regarding the duration of the pilot and the possibility for the expiration of the pilot, Ms. Gasteier stated that CCA has experience communicating to people about changes that affect their premium and they feel well positioned to handle the difficult conversations, if needed.

In response to a question from Ms. Turnbull about the expected number of people that will be eligible for the expansion pilot and how many will enroll, Ms. Gasteier stated that the estimate is 50,000 people that are current CCA enrollees, people that are currently eligible but unenrolled, or people transitioning from MassHealth coverage that would fall in 300-500 percent of the federal poverty level. Ms. Turnbull inquired about the expected number of children eligible for the expansion pilot, to which Ms. Gasteier explained that the expected result of those in the 400 and 500 percent of the

federal poverty level are families and couples and acknowledged that the current ConnectorCare program has few children due to the Children Health Insurance Program (CHIP). She agreed to follow up with specific numbers about households with child dependence. She also expressed that there has never been as much choice in the ConnectorCare program as there will be on January 1, 2024 with adults with or without children.

In response to a question from Secretary Walsh regarding CHIP children enrolling in ConnectorCare, Ms. Gasteier confirmed that there should not be CHIP children enrolling in the program. Secretary Walsh was then interested in learning if CCA staff were worried about anything in particular given the amount of work required. Ms. Gasteier agreed that it is a lot of work, but that a lot of the systemic preparations have been completed, including setting up the HIX system to be configurable and while there were no operational concerns, staff would continue to make sure that everyone is communicating internally and externally about the changes and working towards rapid and effective implementation.

In response to a question from Mr. Petion about the communication strategy, Ms. Gasteier explained that the system will send automated messages to individuals that are already CCA members and become ConnectorCare eligible. With regard to individuals who are not CCA members, Ms. Gasteier stated that the Communications and Outreach team have a communication strategy prepared to inform residents about the new option available.

Ms. Vertes expressed her gratefulness to be able to do these sorts of things and shared her worries about what things will look like at the end of the pilot but is hopeful that the Commonwealth can pay as much attention to the cost of healthcare as the access to an unaffordable healthcare system over the course of the next two years.

The Board then voted unanimously through roll call to approve the emergency amendment of the regulations at 956 CMR 12.00.

With no further discussion or agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 4:02 PM.

Respectfully submitted,

Nuryelis Herrera