



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

MAURA T. HEALEY
Governor

KATHLEEN E. WALSH
Board Chair

KIMBERLEY DRISCOLL
Lieutenant Governor

AUDREY MORSE GASTEIER
Executive Director

Board of the Commonwealth Health Insurance Connector Authority
Minutes

Thursday, September 14, 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, Filaine Deronnette, Dimitry Petion

The meeting was called to order at 9:02 AM.

- I. Minutes:** The minutes of the July 13th and August 14th meetings were approved by roll call vote.
- II. Executive Director's Report:** Ms. Gasteier began by welcoming everyone to the Board meeting and sharing that Health Connector (CCA) staff would be providing updates on two of the larger initiatives the organization had taken in years—one being the MassHealth redetermination process and the other being enrollments and enhancements to the ConnectorCare program—while preparing for open enrollment. She described the 2024 ConnectorCare Plan Year as unprecedented because it will be stronger, stabler, and more protective of its members than ever before. Ms. Gasteier further explained that this was due to the state's Fiscal Year 2024 budget and the approval of the ConnectorCare program to household incomes up to 500 percent of the federal poverty level. She explained the benefits of the expansion such as drastic lower cost sharing and highlighted the health equity focused benefits that ConnectorCare members receive. She shared the additional participation in the ConnectorCare program of three new statewide carriers to allow for a more equitable Marketplace.

Ms. Gasteier acknowledged many internal and external groups who played a role in the successful execution of operational changes and the Seal of Approval process. She also shared that the 2024 rates approved by the Division of Insurance (DOI) would be discussed in the meeting and noted that the overall rate increase in the merged market is 3.2 percent with a few outliers, particularly in the silver tier. Ms. Gasteier referenced the Cost Trends Report recently issued by the Health Policy Commission that showed that the state of Massachusetts is moving in the wrong direction

on health care spending and costs and Ms. Gasteier welcomed the opportunity to collaborate with other agencies to address the issues of health care affordability and accessibility.

Ms. Gasteier reiterated CCA's focus on access to care as the Medicaid redetermination process continues, adding that over 31,000 people formally on MassHealth coverage had enrolled in CCA coverage since April 2023. While the redetermination process and Open Enrollment readiness are CCA's immediate priorities, Ms. Gasteier stated that the CCA continues to work on the development of a new proposed strategic plan for the next three to five years. Lastly, Ms. Gasteier thanked the Board of Directors for their enthusiasm for CCA's work.

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 Jason Lefferts, Nelson Teixeira, Marissa Woltmann, and Elizabeth LaMontagne. Ms. Woltmann began by sharing that over 31,000 individuals had transitioned to CCA coverage since April and then introduced Ms. LaMontagne.

Ms. LaMontagne shared that MassHealth was in the fifth month of the year-long redeterminations process and had initiated renewals for about 440,000 members from April 1st through July. She stated the top three MassHealth goals throughout the redeterminations process and described some caseload changes since the start of the process and shared that MassHealth expects the number of procedural terminations to increase in future months. She noted the link to the September redetermination public dashboard which would be released and available on the MassHealth website later in the month.

Ms. LaMontagne introduced the first MassHealth focus area—preserving coverage for eligible individuals—during the redeterminations process which entailed automatically renewing as many members as possible. MassHealth recently sought and received federal approval to make additional enhancements to systems, resulting in an autorenewal rate of ~75 percent for individuals under the age of 65 who were not protected by the public health emergency and ~10 percent autorenewal rate for those who were protected. Ms. LaMontagne explained MassHealth's continued efforts to enhance the autorenewal process for individuals over 65 years old as well as continuing outreach efforts to individuals that were not able to auto renew. She noted that canvassers had knocked on 350,000 doors and community-based organizations had held 1,000 events. In addition to these, she shared that MassHealth has been working on broader outreach at grocery stores, schools, and libraries.

Ms. LaMontagne then presented an overview of the new guidance on ex parte renewals released by Centers for Medicare and Medicaid Services (CMS). She explained that the guidance was focused on making sure that automated renewals were done at the individual level and not at the household level and that CMS was concerned about states disenrolling members procedurally, specifically children. Ms. LaMontagne shared that disenrolling eligible children was not an issue in Massachusetts. She further explained that as of September 8th, Massachusetts had the lowest percentage of disenrollments that are kids compared to other states with available data and that the total kids' caseload had increased since April 1st.

Ms. Turnbull thanked Ms. LaMontagne for joining the Health Connector Board meeting and asked about MassHealth strategies that other states may follow. Ms. LaMontagne stated that MassHealth has partnered closely with schools, doing community outreach, and sharing what they are doing and what they are seeing with other states.

Ms. Woltmann then presented CCA enrollment trends to date which included a consistent conversion rate of 26 percent of individuals who qualify for CCA plans after being redetermined

out of MassHealth. She noted that not everyone leaving MassHealth qualifies for CCA coverage, such as voluntary disenrollments or deceased members. She also stated that the goal is to continue to lead nationally in insurance coverage rate.

In response to a question from Mr. Gulko regarding how Massachusetts compares to other states, Ms. Woltmann noted that every state has had a different experience given that some started the redetermination process earlier than others so a further analysis of the data would be necessary.

In response to a question from Dr. Chernew regarding the eligible but unrolled population, Ms. Woltmann clarified that some individuals completed the survey and indicated that they did not have coverage, while then explaining some of the barriers reported by the respondents such as affordability and shopping assistance. Ms. Woltmann noted that CCA staff were determining which messages are most effective and how to best be supportive to members. Dr. Chernew then asked a question regarding penalties, to which Ms. Woltmann clarified the circumstances under which individuals would face a tax penalty. Secretary Walsh inquired about the total number of eligible but unrolled individuals to which Ms. Woltmann stated that she would need to double check the data but that the survey number was higher than 60,000.

Mr. Lefferts then presented on direct communications noting that outreach efforts continued to encourage enrollment especially around deadlines and continued to review member feedback to enhance performance. He highlighted that 950,000 communications had been completed through August—mostly on the subscriber level. Of note, Mr. Lefferts mentioned the addition of outbound calls that started in July and had been effective in targeting newly eligible people or those who had received their redetermination from MassHealth. Mr. Lefferts shared that CCA continued to participate in public events as well as visibility, enrollment, press and media events. He added that CCA had done more than 30 community activities around the state and on average more than 500 people attended the larger events.

Mr. Gulko encouraged staff to compare outreach data with other states to use that as a benchmark. Ms. Gasteier shared that CCA is enrolling about 25 percent of people who lose Medicaid who become eligible for a Qualified Health Plan (QHP) which is higher than almost every other state Marketplace. She also shared that pre-pandemic data that is being used as a baseline to access how CCA is doing now.

In response to a question from Ms. Deronnette regarding language access barriers and outreach to the immigrant population, Mr. Lefferts shared that materials are being made available in a variety of languages and tailored to a specific audience and community. He added the support of Navigators and assisters in multilingual communities. Ms. Gasteier added that the collaborated work being done with Navigators and Health Care For All is very focused on leveraging small regional community-based organizations to do canvassing and door knocking in communities with more Medicaid enrollees.

Ms. Turnbull pointed out that Massachusetts is doing better than other states in terms of enrollment partly because of the ConnectorCare Program that offers more affordable and comparable coverage than in other states. Ms. Turnbull also shared her personal experience and opinion about the policy approaches taken by CCA. Mr. Veno echoed Ms. Turnbull's statement about the diligence of this effort. He acknowledged the close collaboration and commitment between the Health Connector and MassHealth as a critical component to success. Secretary Walsh thanked Mr. Veno for his remarks and also recognized the partnership with Health Care For All.

Mr. Lefferts then shared that CCA was continuing the paid media campaign which included locally targeted material before enrollment events, and broad-based visibility encouraging enrollment. He

added that digital and out of home media were making the most impressions. He shared that New England Patriots player, Kyle Dugger, was part of the paid media campaign.

Mr. Teixeira then presented updates on redeterminations from an operational standpoint. He stated that service levels remained high at 94.28 percent for the month of August and that there had been an increase in call volume, but that performance remained strong. He then shared that the second call center vendor, Maximus, was performing outbound calls to support outreach campaigns and reminders. Additionally, Maximus was supporting document processing on high call volume days to provide a better member experience. Ms. Woltmann concluded the presentation by sharing that CCA would continue to support residents transitioning to CCA coverage and that staff would provide additional updates at the next meeting. Secretary Walsh then introduced the following agenda item.

- IV. 2024 Seal of Approval Final (VOTE):** The presentation “Final Award of the 2024 Seal of Approval (VOTE)” was presented by Marissa Woltmann and Samuel Adams. Ms. Woltmann began by stating that CCA staff would request a vote on the final Seal of Approval (SOA) for Qualified Health and Dental Plans for the 2024 Plan Year (PY). She then gave an overview of the timeline of the two other components of this three-part process which included proposing plan designs, reviewing equity initiatives, and reviewing carrier responses. She stated that the focus of this meeting was on ConnectorCare program design and rate changes.

Ms. Woltmann gave an overview of what CCA expects to see in the market in 2024 as a result of initiatives such as Medicaid redeterminations, ConnectorCare expansion pilots, carrier participation rules changes, Division of Insurance (DOI) rate filing, and affordability challenges. Ms. Woltmann then stated that CCA received responses from eight medical carriers and two dental carriers to the proposed product shelf and that the merged market average increased by 3.2 percent before aging.

Mr. Adams described the Qualified Health Plans (QHPs) product shelf which contained eight medical carriers submitting a total of 46 non-group QHPs and 56 small group QHPs. He noted that the plan designs for 2024 were not significantly different than those available in 2023. Mr. Adams walked through the premium changes for unsubsidized and Advanced Premium Tax Credit (APTC)-only non-group members, which were also mentioned in the introduction. He noted that there was variability by metallic tier, specifically in the silver tier with an 8.4 percent increase driven by a variety of factors. He gave an example of premium changes variability by carrier in Worcester compared to average increases.

Dr. Chernew inquired about the increase in the silver tier and Ms. Vertes also asked for further clarification from CCA staff on underlying factors. Ms. Calvao explained one of the reasons for the increase is related to new carriers participating in the ConnectorCare program. Ms. Vertes asked CCA staff to think about the effects of carrier participation in the silver tier and its effect on the market. Mr. Gulko echoed Ms. Vertes’ statement and shared a common theme across partner agencies.

Dr. Chernew revisited the slide with premium changes data and proposed reconsidering the metrics, its presentation and perspective. Mr. Veno agreed with Dr. Chernew and shared that the strategy is to provide a range of meaningful choices, more narrow and affordable options. Secretary Walsh asked a question to Ms. Vertes regarding the relationship between premium choice and costs from Ms. Vertes’ perspective. Ms. Vertes agreed with the representation of the range as opposed to the average and clarified her concern about subsidizing the higher cost carriers.

Ms. Woltmann proceeded to describe the 2024 ConnectorCare program design which included new carrier participation and expanded eligibility for subsidies. She then explained the recommendation

by CCA staff of “premium smoothing” which reduces the difference between the lowest cost ConnectorCare plan and higher cost plans to ensure a wider variety of affordable options for members. She stated that this approach would also incentivize enrollment in low-cost plans and has been done in the past. Furthermore, she explained that the approach would focus on lower-income enrollees and low- and mid-cost plans. She noted that the methodology for “premium smoothing” would follow the SOA Request for Response but would exclude plans that were more expensive than the lowest cost plan in a given region by \$375 or more. Ms. Woltmann explained other important considerations as part of the recommendation and shared an example of the proposal and its effect in the Boston region.

Ms. Vertes asked for a breakdown of the effects of “premium smoothing” and what it looked like before and after “premium smoothing.” Dr. Chernew also requested to get a general sense of the magnitude of “premium smoothing.” Mr. Gulko asked a clarifying question regarding the example displayed of 2024 enrollee contributions. Ms. Vertes provided clarification on her question to CCA staff. Secretary Walsh provided her insight on premium support and smoothing to which Ms. Vertes agreed with. Mr. Petion shared his that there have been historical questions about the adverse effects of “premium smoothing” on the market.

Ms. Calvao then responded to Ms. Vertes’ question stating that the amounts would vary according to plan type and carriers but gave a few examples. Secretary Walsh asked for clarification on the “premium smoothing” for Harvard Pilgrim Plan Type 2A, which Ms. Calvao responded was 50 percent. Secretary Walsh asked Ms. Calvao to walk the Board through all the “premium smoothing” amounts to which Ms. Calvao agreed to do. In response to a question from Secretary Walsh regarding “premium smoothing” in different regions of the state, Ms. Calvao confirmed that it would vary because carriers have different rates by region. Ms. Gasteier reiterated Ms. Calvao's point and noted that the example shown is the widest possible range of pricing. Mr. Gulko echoed Ms. Gasteier’s statement and iterated the stability of the program and access to care in areas where “premium smoothing” makes sense. Dr. Chernew shared his beliefs about the process, the underlying issues related to motivations for “premium smoothing,” and encouraged everyone to think about the rationale behind the subsidies of the higher cost carriers.

Secretary Walsh expressed her appreciation for the conversation being held as a Board and expressed that the solution to the issues would be a multi-year effort and large undertaking. Ms. Vertes agreed with Dr. Chernew but disagreed with subsidizing the higher cost carriers as it may be a dangerous precedent to set. Ms. Vertes then expressed her beliefs about the impact of smoothing on the carriers and the role it plays in the Health Connector’s mission and values. Secretary Walsh thanked Ms. Vertes for her point of view and wondered about geographical regions and the availability of providers.

Ms. Turnbull thanked the CCA staff for their work on SOA and expressed her support for the policy direction taken but also voiced her concerns for the rate increases and affordability, particularly with those set forth by Blue Cross Blue Shield, Harvard Pilgrim, and United Healthcare. While Ms. Turnbull was supportive of the recommendations proposed by CCA staff, she believed the process portrayed some of the system failures and hoped for a continued discussion and work on affordability and addressing health equity issues in the state. Mr. Gulko encouraged engaging with carriers and discussing cost control, especially those that are considered most expensive.

Ms. Butler then shared that the DOI is concerned about affordability and has a transparent process of rate filing. She encouraged everyone to visit their website, see what DOI has done, and submit a public comment for the next rating period. She added that over time DOI will use the data to have a better understanding of stabilizing the market and providing as much health equity as possible.

Secretary Walsh thanked everyone for their comments and shared a way to improve equity given her past experiences at Boston Medical Center. She noted that choice and equity are different from one another. Mr. Veno expressed his reaction towards Ms. Turnbull's prior comments regarding failure in the market and explained the role of the Health Policy Commission in the insurance landscape and insurance market. He shared wholeheartedly the underlying concerns about affordability and was optimistic that the legislature would be more willing to take on more. Mr. Veno iterated that making real, sustainable progress on affordability would require much more discussions beyond the Health Connector Board of Directors.

Dr. Chernew stated that many of the issues have to do with what is happening in the provide market. Secretary Walsh shared that she has seen a struggling provider market. Ms. Deronnette thanked everyone and expressed the need for a range of provider access for the 1199 members that she works with and looked forward to continuing discussion and strategizing with the Board. Secretary Walsh then welcomed remarks from Ms. Gasteier on how the Board can get more information and deepen the partnership with DOI. Ms. Gasteier thanked the Board for the robust conversation and stated that she would like to work with the Board on how to frame the conversation with carriers regarding affordability in the future. Ms. Gasteier suggested having DOI present on the new rate review process, its tools, and limitations so that the Board has a better understanding of it. On behalf of DOI, Ms. Butler gladly accepted Ms. Gasteier's suggestion and invited everyone to make a public comment in future rate review processes. Secretary Walsh questioned if there was a way for more formal dialogue, such as a standing Board meeting agenda item to deepen the relationship between DOI and CCA once or twice a year.

Mr. Adams then proceeded to an overview of the Qualified Dental Plan (QDP) product shelf for 2024 which was very similar to PY 2023, with the same 12 plans available from two carriers and an average combined decrease in premiums of 3.0 percent. In response to a question from Secretary Walsh regarding members transitioning from MassHealth and losing their dental coverage, Mr. Adams confirmed the information and Ms. Gasteier confirmed that the ConnectorCare program does not include dental benefits and would require a separate purchase. In response to a question from Mr. Gulko regarding the new 83 percent target loss ratio rule, Ms. Butler stated that the regulations were still under review, and it remained unclear when they would go into effect and whether there would be a transitional period.

Secretary Walsh then introduced the Board vote on the CCA's staff recommendation to award the 2024 Final Seal of Approval to all QHPs and QDPs recommended and proposed by the carriers. During the roll call vote, Ms. Vertes clarified that she was in support of the Seal of Approval, but not of the "premium smoothing," therefore voting no. All other Board members present voted for the motion to carry.

- V. 2024 Open Enrollment Readiness Preview:** The presentation "Open Enrollment 2024 Readiness" was presented by Marissa Woltmann, Jason Lefferts, Nelson Teixeira, and Michael Piantanida. Ms. Woltmann began the presentation by reviewing the agenda and timeline of events beginning in August 2023.

Mr. Piantanida then walked through a representation of a 16-month process to ensure that systems and processes are ready for Open Enrollment (OE) and for new and existing members to be able to shop for plans. He noted that the process required coordination and engagement with other agencies such as MassHealth, multiple vendors, and carrier partners. As part of the planning, Mr. Piantanida noted some highlights for the readiness of the ConnectorCare expansion pilot, and health equity initiatives such as expanded race and gender identity on the eligibility application. He added that the core process is executed through the release management process with a focus on system

development and testing. He concluded by sharing that OE system readiness continued to be on track.

Mr. Teixeira then presented on CCA's call center's process to prepare for OE stating that they had an additional buffer of agents in the event that there was any unexpected call volume. He also noted the extended operational hours of the call center during OE peak days. Mr. Lefferts then presented on outreach and education to members indicating that the focus of direct communications was ConnectorCare coverage. In terms of public outreach, he stated that OE activities will include communities with high numbers of traditionally uninsured residents, and new populations that fall in the ConnectorCare expansion eligibility range. Lastly on paid media, Mr. Lefferts shared that the marketing campaign will also focus on ConnectorCare and that many platforms will be used with an emphasis on local, ethnic media to reach chronically uninsured.

Ms. Woltmann stated that a very busy OE is expected with higher levels of new membership as well as a shift in the QHP enrollments by program. Regarding the ConnectorCare pilot expansion, she shared that CCA expects over 96,000 individuals to qualify for coverage, including about 38,000 current enrollees. Ms. Woltmann concluded by sharing that CCA expected to be busy in the months ahead and that staff would continue to update the Board on OE progress.

Secretary Walsh invited Ms. Gasteier to summarize the next steps on the affordability discussion held. Ms. Gasteier shared plans to invite DOI to present at a future Board meeting, and continue to work with the Board, especially on the development of early foundational steps for PY 2025. She added that staff would keep the Board informed on redeterminations and enrollment updates.

Ms. Turnbull was curious to learn more about some of the work that has been done showing the disproportionate amount of health care resources in high-income communities as a reminder of some of the things that create the imperative for the efforts of improving equity. In response, Secretary Walsh shared her experience at Boston Medical Center related to quality and health equity.

At this time via the Zoom chat function, Dr. Chernew informed everyone that he had to leave the meeting at 11:00 AM.

Mr. Venno agreed with Ms. Turnbull's request, as it would be helpful.

Secretary Walsh thanked Ms. Gasteier and her team for the conversation on health equity and for the opportunity to continue to learn more as a Board.

With no further discussion or agenda items before the Board, the Board motioned and unanimously voted through roll call to adjourn at 10:59 AM.

Respectfully submitted,

Nuryelis Herrera