

## Conditional Award of the 2025 Seal of Approval (VOTE)

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## 2025 Conditional Seal of Approval

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

- Today's vote allows staff to consider these plans for sale through the Health Connector for the 2025 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 2025 SOA, after the Division of Insurance (DOI) completes its form and rate filing review process and Health Connector staff complete review of the overall value the plans offer to our Marketplace

Mar 2024	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec 2024
3/1: Release	Medical and De	ental RFRs							
		<b>★</b> 5/.	15 RFR Respon	ses Due					
				Rev	iew and Analysi	s of Responses			
		• 5/1	5: Rates Filed w	ith DOI					
				★ 7/11: Cd	onditional SOA -	Board Meeting			
							nd Analysis of R rCare Plans	ates, including S	Selection of
						★9/12: Fil	nal SOA Awarde	d – Board Meet	ing



# Refresher on 2025 Product Goals and Strategies

The 2025 SOA requires information and action on policy areas of interest, with a focus on health equity, while maintaining a stable product shelf.

 Building on continued initiatives from prior years, such as 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> <li>Deferred and forgone care: Carriers are required to conduct a multi-lingual, multi-modal outreach 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; focused on low income populations and communities of color</li> <li>Continued access to \$0 services: Health Connector continues to embed ACA preventive care and cost sharing requirements for 2025</li> </ul>
Maternal health	<ul> <li>Through the annual Quality Improvement Strategies (QIS) process, carriers will be required to report relevant data on key maternal health measures coordinated with the state's "Aligned Measure" dataset</li> <li>The Health Connector will review carrier submitted data to baseline, identify gaps, and inform future policy standards/requirements</li> <li>The Health Connector expects issuers to follow 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</li> </ul>
Cardiometabolic Health	<ul> <li>Through the annual Quality Improvement Strategies (QIS) process, carriers will be required to report relevant data on key cardiometabolic measures coordinated with the state's "Aligned Measure" dataset</li> <li>The Health Connector will review carrier submitted data to baseline, identify gaps, and inform future policy standards/requirements</li> </ul>

# Strategic Plan and Equity Orientation re: Seal of Approval

2024-2028 Strategic Plan Alignment

## Seal of Approval supports the following of the strategic plan's key pillars:

- Improve and modernize the applicant and enrollee experience
- ☐ Deliver high-value coverage options to residents of the Commonwealth
- ☐ Improve equitable access to affordable health insurance coverage
- ☐ Maintain and strengthen organizational structure and system reliability

### These pillars are advanced by:

- Designing policies and plans with these goals in mind and carefully reviewing carriers' submissions to ensure they maximize progress toward them
- Specifically, the 2025 SOA focuses on equity priorities related to maternal and cardiometabolic health and value for small businesses

### **Combating Inequity**

Seal of Approval supports the centering of equity in the following ways:

Ensuring communities of color have a choice of plans that cover services they need at a price they can afford.

✓ The Health Connector disproportionately serves

Massachusetts residents of color, non-citizens, and
individuals who prefer a language other than English

High-quality coverage allows members to receive needed health care, helping to eliminate disparities both in health insurance coverage rates and health outcomes.

✓ Low- or no-cost sharing for preventive services and crucial medications implemented through SOA result in fewer members reporting delayed or forgone care. For example, 18 percent of Health Connector members who identify as Hispanic reported delayed or forgone care due to cost, compared to 44 percent of Hispanic residents statewide in CHIA's 2023 Massachusetts Household Insurance Survey

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Qualified Health Plan (QHP) Submissions

## Overview of Qualified Health Plans

Eight medical carriers responded to the 2025 Seal of Approval, submitting a total of 48 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
- All carriers continue to be required to participate in ConnectorCare





# Overview of Non-Group Qualified Health Plans

Carriers submitted 48 non-group QHPs for the Health Connector's consideration for 2025, a net increase of two plans from 2024.

Non-Group 2025*										
Issuers	Platinum	Gold	Silver	Bronze	Catastrophic*	Totals 2025	Totals 2024 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	2	3	2	2	0	9	7			
Tufts Health Plan - Direct	1	2	1	1	1	7	6			
United	1	2	1	1	0	5	5			
WellSense Health Plan	1	2	1	1	0	5	5			
Totals 2025	9	17	9	11	2	48	46			
Totals 2024 for Comparison	8	17	9	10	2	46				
*Excludes Catastrophic plans requested for waiver/withdrawal – subject to Board approval.										

<sup>\*</sup>Excludes Catastrophic plans requested for waiver/withdrawal – subject to Board approval.

# Overview of Small Group Qualified Health Plans

Carriers submitted 56 small group QHPs for consideration for 2025, no change from 2024.

Small Group 2025*										
Issuers	Platinum	Gold	Silver	Bronze	Totals 2025	Totals 2024 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	7				
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				
Totals 2025	8	17	21	10	56	56				
Totals 2024 for Comparison	8	17	21	10	56					



# Notable Service Area Changes and Catastrophic Plan Offerings

The Health Connector received one notable proposed service area expansion and the same Catastrophic plan offerings as 2024.

### **Notable Service Area Changes:**

- Fallon has requested to expand their onexchange service area to cover portions of Bristol, Plymouth and Hampden counties
- Fallon's proposal meets current network adequacy standards

### **Catastrophic Plans:**

- Each year, carriers may request to waive offering catastrophic plans if sufficient choice is available
- For 2025, staff recommend granting all requested waivers, resulting in identical catastrophic plan offerings to 2024 (BCBS and Tufts Direct)



## **Affordability Focus for Small Groups**

# Additional information for small businesses will help them take advantage of high-value plans available through the Health Connector for Business

- Health Connector for Business (HCB) already offers high-quality plans from the state's leading health insurance carriers and offers premium savings for wellness program participation and unique employee choice models
- In addition to highlighting these features, the HCB shopping experience will highlight "Premium Value" plans that have lower-than-market-average premiums for their network type (e.g., HMO vs. PPO) and metallic tier to help employers identify plans that are "beating the market average premium" on and off the Health Connector shelf
  - Employers can use this information alongside other health plan data, and in consultation with their brokers where applicable, to identify opportunities to meet employees needs at a price point that works for them



## 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.

- Building upon the expansion of available ConnectorCare carriers which occurred for plan year 2024, all eight existing carriers will again offer ConnectorCare plans for 2025
- Staff anticipate each ConnectorCare subregion to include at least five carrier offerings and as many as nine plans
- ConnectorCare plan benefit designs for 2025 remain largely the same as 2024, with the exception of the elimination of member cost sharing for prescription drugs in Plan Type 1
- Final rates will inform enrollee contributions for ConnectorCare plans



Qualified Dental Plan (QDP) Submissions

## **Overview of Qualified Dental Plans**

### The proposed 2025 dental shelf is very similar to 2024.

- 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 requesting to waive onexchange sale.

Plan Year 2025										
Carriers	Non-Group	Small Group	Intent to sell on exchange	High	Low	Pedi	Total			
Altus Dental	✓	✓	✓	1	1	1	3			
Blue Cross Blue Shield of MA		✓		1	1	2	4			
Delta Dental of MA	✓	✓	✓	2	3	4	9			
TOTAL				4	5	7	16			



## **NCQA** Accreditation

### WellSense Accreditation Issue

## WellSense Health Plan was recently denied reaccreditation with the National Committee for Quality Assurance (NCQA).

- Accreditation by NCQA or another federally recognized entity is generally required of Marketplace plans per federal ACA regulations
- WellSense did not achieve an NCQA passing score in Quality Improvement and did not pass 3 so-called "mustpass" standards in Utilization Management, and Provider Credentialing

### **NCQA Standard Categories**

- Quality Management and Improvement
- Population Health Management
- Network Management
- Utilization Management
- Credentialing and Recredentialing
- Members' Rights and Responsibilities
- Member Connections
- Medicaid Benefits and Services



## WellSense Accreditation Issue Remediation

# NCQA put WellSense on a path toward Provisional Accreditation, conditioned on performing under a corrective action plan (CAP)

- NCQA will meet monthly with WellSense to monitor progress in completing CAP activities and with state regulators to provide status updates, with NCQA considering a change to WellSense's status in late September, which could include Provisional Accreditation
- DOI engaged a consultant to identify the factors that led to not being NCQA accredited, with a final report forthcoming that will outline necessary remediation steps
- The Health Connector issued a letter of noncompliance to WellSense informing them that receipt of SOA and QHP status for 2025 is conditioned on satisfactory performance against NCQA and DOI CAP requirements
- Staff are in active discussions with federal partners to ensure their awareness of this situation and the steps the Health Connector and other regulators are taking in response



## WellSense Accreditation Issue Next Steps

Staff will meet monthly with NCQA, DOI, and MassHealth to monitor WellSense's progress and propose returning to the Board with a final 2025 Seal of Approval recommendation in September.

- In September, staff will report to the Board on WellSense's performance against NCQA and DOI requirements, including any CAPs
- In addition to monitoring progress toward reaccreditation, staff will in parallel develop robust contingency plans to account for any scenario in which WellSense fails to be granted the 2025 SOA



**Next Steps and Vote** 

## **Overall 2025 Seal of Approval Next Steps**

# Additional data and analysis, particularly regarding premiums, is required before the 2025 product shelves are finalized.

- Today's vote allows staff to 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 Health Connector, NCQA, and 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**

Health Connector staff recommend that the Health Connector Board of Directors allow the 2025 Conditional Seal of Approval to enable continued 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

