



*The Commonwealth of Massachusetts*  
*Commonwealth Health Insurance Connector Authority*  
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Governor

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KIMBERLEY DRISCOLL  
Lieutenant Governor

AUDREY MORSE GASTEIER  
Executive Director

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

Thursday, July 11, 2024  
9:00 AM to 11:00 AM

Live Stream

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

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**Attendees:** Audrey Gasteier, Secretary Kate Walsh, Nancy Turnbull, Eric Gulko, Erika Scibelli, Rebecca Butler, Kevin Beagan (Acting Commissioner of the Division of Insurance), Martha Kwasnik (who was sitting by designation on behalf of Secretary of Administration and Finance Matthew Gorzkowicz), Filaine Deronnette, and Robyn Olson, Dimitry Petion, Michael Chernew

The meeting was called to order at 9:01 AM.

- I. **Minutes:** The meeting minutes of the June 13, 2024 Board meeting were approved through roll call vote.
- II. **Executive Director's Report:** Ms. Gasteier began her remarks by noting a new slide in the Board meeting presentations going forward that explicitly highlights the link between a given agenda item and two Health Connector standing priorities—the 2024-2028 Strategic Plan and its commitment to advancing equity. She shared that staff would be presenting the 2025 Conditional Seal of Approval and noted potential disruptions because of WellSense Health Plan's (WellSense) failure to renew their accreditation through the National Committee for Quality Assurance (NCQA). Ms. Gasteier noted Health Connector staff were actively engaging in meetings with partner agencies, WellSense, and NCQA regarding the situation and working on ensuring that all members' needs are met. Ms. Gasteier thanked the Policy and Plan Management and Legal teams for their work thus far in the unexpected circumstances.

Ms. Gasteier then shared that staff would present the fiscal year (FY) 2025 budget and provide a recap of the FY24 budget. She noted that the FY25 budget had been reviewed and approved by the Health Connector's Board of Directors Administration and Finance Subcommittee in May. She then stated that the Board would see an update on the ConnectorCare pilot expansion program, which provided affordable health coverage to more than 51,000 people at the time of the meeting. She expressed gratitude for the approval of federal financial participation for the program by MassHealth's 1115 waiver, cutting the state's cost for the program in half, and shared some of the findings of a survey recently completed by nearly 2,200 members of the pilot expansion program.

She noted that in just a few months, residents now had better access to care while also stabilizing their households' financial security.

Ms. Gasteier shared that the latest Navigator grant procurement had been completed, allowing community-based organizations to continue to provide multilingual assistance to people navigating the enrollment process. She noted that there were 24 organizations providing in-person assistance to residents in 30 languages and gave recognition to Sarah Buonopane, who oversees the Navigator program. Lastly, Ms. Gasteier shared with great enthusiasm that the Center for Health Information and Analysis had published its 2023 Massachusetts Health Insurance survey results with a recorded rate of insurance coverage at 98.3 percent. She highlighted that that was the highest recorded rate of health insurance in Massachusetts history or anywhere in the United States.

Before introducing the next item on the agenda, Secretary Walsh shared that although there was no legal obligation for her to recuse herself from the Conditional Seal of Approval for 2025 conversation given that she was responsible for WellSense in her previous role, she preferred to listen in rather than chair that portion of the meeting. Board members did not have any concerns with Secretary Walsh remaining on the call.

Vice chair Deronnette introduced the following agenda item.

**III. Conditional Seal of Approval for Plan Year 2025 (VOTE):** The presentation “Conditional Award of the 2025 Seal of Approval (VOTE)” was presented by Marissa Woltmann and Kristopher Harackiewicz. Mr. Harackiewicz began by sharing a timeline of the Seal of Approval (SOA) process that began in March. The 2025 SOA focused on health equity and continued to build on initiatives from prior years. The areas of interest were described by Mr. Harackiewicz as preventive services, maternal health, and cardiometabolic health. He explained that the SOA directly supported two of the strategic plan's key pillars and centered equity by ensuring that everyone has access to care and utilizes it.

Mr. Harackiewicz stated that 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). Of note, there were 2 additional non-group submissions for 2025 compared to 2024. He reminded everyone that carriers continue to be required to offer a standard plan design on platinum gold, silver, and bronze tiers. In addition to the eight health carriers, he stated that two dental carriers would also be available. All carriers would also continue to be required to participate in ConnectorCare. Mr. Harackiewicz noted that although there were 48 plans being proposed for certification, an individual member's choice would vary depending on location and a few other factors.

Mr. Gulko asked for clarification of catastrophic plans, to which Mr. Harackiewicz explained that those plan designs did not have to meet all the same specifications as QHPs and therefore were not included in the count of plan offerings.

Regarding small group QHPs for consideration for 2025, there were no changes from 2024. As far as notable service area changes, Mr. Harackiewicz explained that one carrier requested to expand their service area to cover portions of Bristol, Plymouth, and Hampden counties and this was reviewed by the Health Connector and the Division of Insurance. He noted that there would be new rules for 2026 regarding network adequacy standards.

In terms of small groups, Mr. Harackiewicz mentioned that the Health Connector was working with carriers to highlight the value of premium value plans by providing them with additional information to help with the decision-making process. He then reminded everyone of the ConnectorCare program design noting that they were able to eliminate some cost sharing for prescription drugs in

Plan Type 1. Mr. Harackiewicz then explained that plan designs for dental offerings had not changed and were very similar to 2024.

In response to a question from Ms. Turnbull regarding Blue Cross Blue Shield's request to waive on-exchange sales for its Qualified Dental Plan, Mr. Harackiewicz explained that the waiver process had been made available to carriers for several years. Ms. Turnbull proposed having a later discussion about the waiver process for dental plans and the specific requirements for carriers to which Mr. Harackiewicz agreed to. Mr. Gulko shared that from the perspective of the private Marketplace, they were seeing dental carriers having difficulty maintaining their positions in the small group and individual market. Therefore, he was pleased to see that Altus Dental and Delta Dental were offering dental coverage to individuals. Mr. Harackiewicz thanked Mr. Gulko and agreed that the overall Marketplace environment should be considered.

Ms. Woltmann thanked Mr. Beagan from the Division of Insurance (DOI) for joining the meeting to answer questions about the WellSense accreditation issue as well as their close collaboration with MassHealth. She gave background information about NCQA, stating that the independent entity provides accreditation to all health plans across the country and is federally recognized by the Centers for Medicare and Medicaid Services (CMS). She shared that WellSense had not achieved an NCQA passing score in Quality Improvement and did not pass three so called "must-pass" standards in Utilization Management and Provider Credentialing. Ms. Woltmann noted that members were not being directly impacted by the loss of accreditation.

As a result of the denial of accreditation, WellSense was put on a path toward a Provisional Accreditation, conditioned on performing under a corrective action plan (CAP). She added that NCQA would consider a change in WellSense's status in late September. DOI engaged with a consultant to identify the factors that led to the denial of accreditation, and the Health Connector issued a letter of noncompliance to WellSense informing them that participation in its Seal of Approval for 2025 was dependent on satisfactory performance against NCQA and DOI requirements. Ms. Woltmann noted that staff were actively discussing the issue and next steps with federal partners. In terms of next steps, Ms. Woltmann stated that staff would continue to monitor WellSense's progress and return to the Board with updates and a final 2025 Seal of Approval recommendation in September.

Mr. Petion inquired about whether there was a backup plan should WellSense not meet the requirements by September. Ms. Woltmann confirmed that it was being discussed as part of the contingency plan and Open Enrollment preparation. In response to a follow-up question from Mr. Petion about the members currently using WellSense, Ms. Woltmann assured him that the Health Connector had experienced carrier changes in the past and was equipped with system functionalities and member supports to help members switch carriers if needed.

Mr. Beagan informed the Board that a final report and a DOI CAP was in progress and noted that WellSense had experienced some turnovers in key staff over the last three years. He assured the Board that the DOI was working with the Health Connector, MassHealth, NCQA and WellSense to address the problems as quickly as possible. Mr. Gulko asked Mr. Beagan to confirm that members were not being impacted by the issue and was also interested in knowing if members would be made aware of the issue. Mr. Beagan confirmed that the issue was related to documentation and that compliance with a corrective action plan would lead to a provisional accredited status. Ms. Woltmann stated that the Health Connector was hoping to gather more information over the course of the summer before reaching out to members. Andrew Egan, General Counsel of the Health Connector, added that the Health Connector did not have a legal obligation to reach out to its members at this time based on the denial of WellSense's accreditation. Ms. Gasteier assured the Board that the Health Connector had been working closely with CMS regarding the matter.

Ms. Turnbull requested clarification on the documentation issues previously addressed by Mr. Beagan and wondered about the approach of the regulators in New Hampshire given that WellSense was also licensed in that state. Mr. Beagan explained that documentation information was only available for one year when in fact it needed to be available for two years to fully go through the quality improvement review. The report prepared by the consultant would be completed within the next week or two and it would be made available to the public. Additionally, he stated that they were relaying information to the MassHealth equivalent in New Hampshire but noted that the Division of Insurance in New Hampshire was looking to use the Massachusetts report as a corrective action plan. Ms. Turnbull asked a follow-up question regarding the missing year of documentation to which Mr. Beagan stated that the year in question was 2021.

Mr. Petion expressed concerns for WellSense members and acknowledged that he could not understand how they were not adversely affected by the issue. Mr. Beagan assured the Board that the issues were being addressed, that DOI was monitoring activity and had seen no red flags in terms of member impact. Mr. Petion recognized the work well-done by WellSense in the low-income community and explained the importance and ethical reasoning behind providing notices to members. Ms. Woltmann stated that non-group survey results could be used to see if there were any disparities. Ms. Gasteier thanked Mr. Gulko and Mr. Petion for their comments and the need for transparency with members as they continue to learn about the unprecedented circumstances and welcomed feedback from the Board.

Mr. Chernew shared his preference of gathering information about the issue first and then deciding what to do next to avoid instability in the Marketplace. Ms. Olson asked for clarification about the issue to which Mr. Beagan confirmed that the carrier needed to have more documentation in place. Additionally, she agreed with waiting to learn more about the issue before informing members. In response to a question from Ms. Deronnette regarding prevention steps so that an accreditation denial does not occur again, Mr. Beagan explained that WellSense was expected to have the structure, communication, prioritization, and resources in place so that it does not happen again in the future. Ms. Butler also reiterated that the issues were related to documentation, and not specific to constituent files.

In response to a question from Ms. Turnbull regarding the “resources” referenced by Mr. Beagan, Mr. Beagan clarified that he was talking about staff resources given recent turnovers and confirmed that the company had been very profitable. Mr. Gulko asked for clarification about the reconsideration period that WellSense had through NCQA and reiterated his belief in full transparency when it comes to communicating with members. Mr. Beagan explained that the addition of new information is not allowed during the NCQA reconsideration process. Mr. Chernew worried about the potential impact of being transparent with members at this time and inquired about the concerns of the DOI if WellSense were to be removed from the Health Connector’s product shelf. Mr. Beagan confirmed that staff and the Board would have more information in advance of the September Board meeting where the Health Connector Board will vote on awarding the final Seal of Approval for 2025.

With no further comments or questions, the Board voted unanimously, except for Secretary Walsh, who abstained, through roll call and allowed the 2025 Conditional Seal of Approval to enable continued consideration of all recommended standardized and non-standardized QHPs and QDPs proposed by the carriers presented before them.

Secretary Walsh thanked Ms. Deronnette for chairing the conversation and the Board for the engagement.

**IV. Fiscal Year 2025 Administrative Budget Update (VOTE):** The presentation “Health Connector Administrative Finance Update (VOTE)” was presented by Kari Miller. Ms. Miller began by stating that she would be sharing with the Board updated Fiscal Year (FY) 2024 administrative budget projections and presenting the FY25 recommendation for a vote. Since the budget was last discussed with all Board members, redetermination activities were completed, and ConnectorCare eligibility was expanded up to 500 percent of the federal poverty level. Ms. Miller noted that current FY24 budget projections were favorable compared to the original budget from July 2023. Additionally, the FY25 administrative budget recommendation had been approved by the Board’s Administration and Finance subcommittee, was favorable and balanced, and accounted for the contact center and technology services procurements that were underway. As chair of the Administration and Finance subcommittee, Ms. Turnbull said that the subcommittee members were comfortable with the recommendations and thanked the team for their work.

Ms. Miller shared that the administrative budget supported the strategic plan pillar “maintain and strengthen organizational structure and system reliability” and centered equity by having supporting funds for members in greater need of assistance and access to coverage.

In terms of FY24 projected enrollment, Ms. Miller shared that there was an eight percent decrease compared to June 2023 projections due to fewer members transitioning from MassHealth coverage to the Health Connector. She highlighted that the Health Connector currently had 355,000 members. In response to a question from Ms. Deronnette regarding the funds allocated to outreach and education and community support programs, Ms. Miller estimated 10 percent for FY24 including funding for the Navigator program and the Community Specialists.

Ms. Miller briefly explained that the current FY24 projections were favorable compared to the July 2023 approved budget and there was about an \$8 million decrease in revenue primarily due to carrier assessments. She also noted a decrease in funding from the Commonwealth Care Trust Fund to support operating expenses.

Ms. Miller then reviewed contact center line item and premium processing expenditures which had the largest decrease as a result of fewer members. She noted that the Health Connector would be responsible for a lower cost of the shared eligibility system with MassHealth (HIX), there was a favorable variance for outreach activities and Navigators, and that there was a decrease in personnel and fringe due to vacancies. In response to Ms. Deronnette’s earlier question, Ms. Miller stated there they were projecting over \$10 million for Navigators, outreach and education.

Ms. Miller proceeded to present the FY25 projected enrollment which reflected a twenty-one percent increase compared to FY24 due to the termination of some of the flexibilities granted to MassHealth by CMS. The Health Connector projected to have over 393,000 members by June 2025.

With regard to the FY25 administrative budget recommendation, Ms. Miller shared that revenue is expected to increase by about \$2 million, expenses expected to increase by about \$19 million reflecting a balanced budget with estimated year-end reserves of over \$53 million. She then reviewed the FY25 expenses noting the largest variance attributed to the contact center and premium billing procurements and a couple of notable changes in the personnel and fringe line item. In response to a question from Mr. Gulko regarding the trajectory of expenditures, Ms. Miller stated that she did not expect the amount to increase because of allocated funds for potential budget impacts as a result of the current procurements.

With no further questions or discussions about this presentation, the Board voted unanimously through roll call and approved the proposed FY25 administrative budget recommendation.

- V. **ConnectorCare Expansion Pilot Update:** The final presentation “ConnectorCare Expansion Status Update” was presented by Signe Fliieger. Ms. Fliieger began by sharing that there were more than 50,000 individuals enrolled in the ConnectorCare expansion pilot program, allowing them access to low premiums, no deductibles, and low cost-sharing. She noted that new survey data highlighted affordability and access improvements relative to prior health care coverage experiences. Additionally, she shared that partial federal reimbursement for state spending on the pilot program became available in the spring through the state’s Section 1115 Medicaid waiver. Ms. Fliieger stated that the ConnectorCare expansion pilot program supported two of the strategic plan key pillars and it also centered equity in several ways, particularly by allowing members access to care at a lower cost.

Ms. Fliieger reviewed ConnectorCare expansion pilot enrollment which included members between 300 and 500 percent of the federal poverty level (FPL). She noted a significant decrease in the number of members only eligible for federal advance premium tax credits (APTC) and stated that the ConnectorCare expansion pilot population represented about 16 percent of total enrollment in health plans through the Health Connector. Mr. Gulko asked a question about the number of new enrollees in the ConnectorCare expansion pilot; Ms. Fliieger agreed to follow up and confirm the data.

Ms. Fliieger then presented trends among ConnectorCare expansion enrollees and how they compared to original ConnectorCare enrollees. The trends covered included ages of enrollees, gender, race, plan selection, and whether they were transitioning from MassHealth coverage. One of the biggest differences noted by Ms. Fliieger was in the under 18 age group of the ConnectorCare expansion pilot population which accounted for nearly 12 percent of enrollees compared to less than two percent in the original ConnectorCare enrollees or those under 300 percent FPL. She explained that this was a result of those individuals being covered by MassHealth or the Child Health Insurance Program. Additionally, she shared that nearly 73 percent of June enrollees had been continuously enrolled at the Health Connector since January 2024. In response to a question from Secretary Walsh regarding the individuals who did not remain enrolled, Ms. Fliieger explained that they may have experienced a transition in employment. Ms. Turnbull inquired about the prior insurance status of ConnectorCare expansion enrollees, which Ms. Fliieger addressed in a later slide.

Ms. Fliieger presented the average per person premiums for ConnectorCare expansion enrollees explaining that as income increases, the relative contributions of federal advance premium tax credits and state premium subsidies shift. In response to a question from Secretary Walsh, Ms. Fliieger clarified that the averages displayed were amounts for the month of June.

The Health Connector recently fielded a survey of members enrolled in the ConnectorCare expansion. Ms. Fliieger stated that the survey was sent to about 30,000 members and 2,434 members responded, the respondents were reflective of the overall ConnectorCare expansion population. In terms of prior coverage, about 38 percent reported to be enrolled in ConnectorCare, another 20 percent reported being enrolled in the Health Connector but not a ConnectorCare plan, around 12 percent reported having employer sponsored insurance and about 11 percent reported being enrolled in MassHealth.

Ms. Fliieger shared that some respondents noted the value that ConnectorCare coverage provided to individuals and families, especially during employment transitions. She then displayed the most reported health care services used by members. Routine or preventive medical care was the most reported. Additionally, enrollees were accessing services that were previously forgone. One in five got preventive care that was missed due to cost or inaccessibility, one in ten picked up prescription medicine that was previously too expensive or hard to get and one in ten saw a specialist that was previously hard to see due to cost, network restrictions, or other issues.

Overall, enrollees were positive about their level of access and affordability provided by ConnectorCare coverage. Notably, about 80 percent strongly agreed or agreed that it was easy to find a health care provider that spoke their language and/or respected their family member's culture. In terms of affordability, while two-thirds of enrollees said copays were affordable, about 13 percent still struggled with out-of-pocket costs. Ms. Flieger shared a few quotations of respondents reflecting on affordability. A third of respondents reported that they had already experienced cost savings from their ConnectorCare plan, and members were using the savings to pay for the rising costs of food, rent, utilities, and saving money for the future. Respondents were appreciative of the structure of the program, specifically the low copayments and no deductibles.

Ms. Flieger also noted some of the concerns expressed by the respondents which included challenges finding a provider, significant increase in health care costs and confusion when transitioning from MassHealth, challenges reconciling federal tax credits, and concerns about out of state coverage. In terms of next steps, she shared that the Health Connector would be publishing a report with the presented data later that month, and that staff would continue to monitor pilot program trends as well as monitor FY26 state budget development.

Secretary Walsh and Ms. Turnbull both thanked and commended Ms. Flieger for the report. Ms. Butler also appreciated hearing from the members' perspective and explained that emergency care should be covered when traveling out of state, suggesting that this should be a future policy topic of discussion. Secretary Walsh thanked everyone for their engagement at the Board meeting.

With no further agenda items before the Board, the Board of Directors motioned and voted through roll call to adjourn the meeting at 10:57 AM.

Respectfully submitted,

Nuryelis Herrera