



*The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
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Boston, MA 02108*

CHARLES BAKER
Governor

MARYLOU SUDDERS
Board Chair

KARYN POLITO
Lieutenant Governor

LOUIS GUTIERREZ
Executive Director

Board of the Commonwealth Health Insurance Connector Authority

Minutes

Thursday, July 13, 2017
9:00 AM to 11:00 AM

One Ashburton Place
Boston, MA 02108
21st Floor Conference Room

Attendees: Louis Gutierrez, Marylou Sudders, Rina Vertes, Louis Malzone, Dimitry Petion, Michael Chernew, Celia Wcislo, Nancy Turnbull and Rebecca Butler (who was sitting by designation of Acting Commissioner of the Division of Insurance Gary Anderson). Mark Gaunya participated via telephone because of geographic distance.

The meeting was called to order at 9:02 a.m.

I. Minutes: The minutes of the April 13th, 2017 meeting were unanimously approved.

II. Executive Director's Report: Mr. Gutierrez began the meeting by noting that there was a full agenda before the Board, which included a review of the modestly underspent fiscal year 2017 (FY17) budget approved by the Board of Directors and a proposed fiscal year 2018 budget that is better than breakeven and rebuilds reserve funds. He commented on the 269,000 members that are enrolled in coverage through the Health Connector (CCA), including non-group, small group and stand-alone dental offerings. Mr. Gutierrez praised the robust Seal of Approval (SOA) response the Connector received and commented on the preparation by the Health Connector staff for the approaching soft launch of the Health Connector for Business platform. In addition, Mr. Gutierrez noted that the CCA is preparing for Open Enrollment 2018 and focusing on stability in uncertain times. He informed the Board Members of the intention to retain a twelve-week Open Enrollment period, beginning on November 1, 2017 and ending on January 23, 2018. This period is

longer than the Open Enrollment period that would be offered in the Federally Facilitated Marketplace. Mr. Gutierrez informed members of notable events that could impact the market, including an update on Minuteman Insurance Company's continued work with the Division of Insurance (DOI) to reorganize and obtain licensing to offer coverage in Massachusetts by mid-August. Mr. Gutierrez stated that the Congressional deliberations regarding the fate of Cost-Sharing Reductions (CSRs) are ongoing in D.C. and that CCA has been reviewing and preparing contingencies for any destabilizing actions. He stated that the reform package unveiled by Governor Baker to transition approximately 140,000 members from MassHealth to CCA in an effort to control growth and spending was not included in the state budget, but noted that this idea, or a similar one, may be proposed again, resulting in an increase of membership within CCA. Mr. Gutierrez noted that CCA will continue to support the efforts of MassHealth and CCA will continue to promote stability and innovation to support the small group market.

III. Conditional Award of the 2018 Seal of Approval (VOTE): The PowerPoint presentation "Conditional Award of the 2018 Seal of Approval" was presented by Brian Schuetz, Maria Joy Dawley and Audrey Gasteier. Ms. Gasteier began the presentation noting the important step of the Board approval for the Conditional Seal of Approval (SoA), which allows CCA to proceed in responding to the offerings of the market. She stated that there is a robust 2018 market and CCA will be working with the Board in the coming months relative to these responses. She noted that CCA will return to the Board in fall for the final SOA after the Division of Insurance (DOI) reviews the plans that have been filed and has determined what will be on the CCA shelf. She acknowledged the dynamic environment on the federal level and informed the Board that CCA will continue to monitor those dynamics closely, specifically any changes to CSRs. She commented on the great partnership that CCA has with the DOI and with carriers, praising the market responses even with the current environment and is pleased to come before the Board having received such a robust carrier response.

Ms. Dawley presented the SOA timeline, noting that the Conditional SOA serves as a midway point of the overall process and that the approval review and analysis will continue prior to returning to the Board for the final approval. She stated that 59 Qualified Health Plans (QHP) were received from nine carriers, all of which met the CCA requirements. She continued that, new this year, two carriers offered HSA-compatible bronze plans, and she provided an additional breakdown of the categories of the QHP submissions. She informed the Board of carrier changes, including the exit of CeltiCare from the market and the pending reorganization of Minuteman Insurance Company. She stated that there were eight new plans and continued to review the variations of plans, noting that there were no PPO offerings. Ms. Dawley informed the Board of on-going work with the DOI with regard to Neighborhood Health Plan (NHP) coverage options on the Cape and the Islands. She continued to review the process, stating that as with every year, carriers have requested the option to waive certain plans, which can be approved so long as adequate offerings remain in each region. In response to a question from Ms. Turnbull regarding NHP's request to waive the standardized bronze plan, Mr. Schuetz replied that waiving certain plans has been a historic trend among carriers, as offering higher actuarial value plans fit with their risk model and this

is an individual carrier business decision. Ms. Dawley continued to provide a review of waiver requests by carriers. She recommended that the waiver requests be granted as it will not result in displacement of members and will align with offerings in 2017 plan year. In response to a question from Mr. Petion regarding distribution of catastrophic plans among zip codes, Ms. Dawley stated that she would provide a map of the distribution of these plans. In response to a question from Ms. Wcislo regarding any particular area being specifically hard hit when it comes to fewer plan offerings, Mr. Schuetz stated that following analysis there has not been any clear, specific geographic cluster that has been particularly hard hit as this is a low volume product. Dr. Chernew commented that the slide noted that members will not be impacted if this waiver is granted and, Mr. Schuetz noted that this is a status quo request. Ms. Dawley then proceeded to review the plans that will be closing in PY18 and stated that members will be mapped into the lowest cost ConnectorCare plan if eligibility remains the same, or the member will be mapped to the same metallic tier. In response to a question from Ms. Wcislo regarding mapped members and if there is any coordination on their providers, Mr. Schuetz replied that a member can always take action in their plan renewals; however CCA offers a passive renewal process. Mr. Schuetz continued that there is always focus on this membership and conducting outbound communication informing them of their opportunity to shop; he noted that passive renewals is a back stop, but never a replacement for member action. In response to a question from Ms. Turnbull regarding the measure of network adequacy, Mr. Schuetz stated that DOI standards are used for core SoA submissions; if available under the DOI and approved for sale in regions, then it is allowable based on rules, which is not part of SoA. In response to a question from Secretary Sudders and Ms. Turnbull regarding changes in network adequacy from last year, Ms. Vertes shared that this is well documented and easily accessible and is based on a number of physicians within a region. In response to a question from Ms. Turnbull regarding a discussion to offer the most popular plans outside of CCA, Mr. Schuetz noted that CCA is the majority of the individual market, which is different from the focus of the small group market, where CCA does not play as large of a role.

Ms. Dawley then provided review of the 19 dental plans submitted for the small group market and 12 plans for the non-group market. She noted that there were no new plans or carrier departures within the dental offerings. In response to a question from Ms. Turnbull regarding dental rates and medical loss ratios, Mr. Schuetz stated that a question regarding the publication of these materials is best posed to DOI. Ms. Dawley then presented the next steps in the SoA process, noting that rates were recently submitted and CCA will monitor final rates and continue to provide the Board with materials as needed. In response to a question from Ms. Wcislo as to what would happen if CSRs are eliminated, Mr. Gutierrez stated that CCA is exploring multiple contingencies and at this time, direction given to the market would be to conduct a rerating process if CSRs are pulled without backstop, but the flexibility request also remains an option. Secretary Sudders added that this remains a top priority of the Baker Administration. Secretary Sudders summarized that there were 59 QHPS and nine health insurance carriers, and four dental carriers offering fourteen Qualified Dental Plans (QDP), to which Dr. Herman commented that it is a robust portfolio. The Board then voted and approved the measure to allow the 2018 Conditional Seal of Approval to enable consideration of all

recommended Standardized and Non- standardized QHPs and QDPs proposed during the presentation.

IV. Federal Flexibility Request Update: The PowerPoint presentation “Federal Flexibility Request Update” was presented by Audrey Gasteier and Emily Brice. Ms. Gasteier began the presentation by providing an overview of the set of federal flexibility policy requests, some of which have been worked on by CCA in the past. She reminded the Board that Massachusetts retains the title of leading the nation in coverage rate. She commented that as discussed in the SOA presentation, Massachusetts enjoys a generally stable market with robust offerings. She continued that there are always potential improvements that can be made to strengthen commercial insurance markets and Massachusetts believes that the following proposals and flexibilities, which have been contemplated at length, would assist in the employer sponsored insurance market, and commercial market. She continued that one of the proposals is in response to the instability surrounding Cost-Sharing Reductions (CSRs). Ms. Gasteier informed the Board that through a 1332 waiver and other federal flexibility authorities, and with authorization through the state legislature, CCA can pursue paths leading to greater flexibilities, some of which may share commonalities with policies implemented under Chapter 58 of the Acts of 2006.

Ms. Brice informed the Board of the flexibilities that CCA will seek with regard to the federal employer mandate in an effort to support the new employer medical assistance contribution policy proposed by Governor Baker and passed in the budget. She noted that the federal mandate has not been fully implemented and that with reprieve from the federal requirements Massachusetts could pursue the new policy. The request, she explained, is for a temporary reprieve from the mandate and relief from penalties in 2018 and 2019, though the choice to extend it further may be considered by the legislature or the state if there is a need for an additional two years. Ms. Brice stated that the flexibility required would be from transition relief that falls under Treasury’s discretion. In response to a comment from Ms. Turnbull regarding the impact of this policy in generating revenue from employers that do not offer health insurance while encouraging coverage by employers, Ms. Brice commented that the state approach would serve as a replacement of the federal approach with regard to expectations from employers.

Ms. Gasteier then provided review of Section 125 ‘cafeteria’ plans that were offered in Massachusetts and regulated by CCA prior to the ACA and served to connect non-benefits eligible employees with private coverage using pre-tax income. She noted that current labor market dynamics suggest that these plans would be desirable for employers who cannot afford to contribute towards part time employee’s coverage but want to provide an avenue to affordable options. She recounted that prior to the ACA, CCA had voluntary plans and they covered several thousands of people. The request for flexibility through the Internal Revenue Service (IRS), Treasury and CMS, would provide a path to reintroduce these plans onto the new platform. Ms. Gasteier commented that as the thinking surrounding cafeteria plans continues, CCA welcomes ideas and signals in the market that would encourage further exploration. Ms. Gasteier explained the next proposed flexibility request relative to state based rating factors. Massachusetts, she noted, continues to use rating factors in its merged market that preceded the ACA as a

part of flexibilities granted by the federal government to allow states to transition and come in line with the ACA. She stated that CCA currently has permission to use these rating factors at one-third its original level through Plan Year 2018 (PY18) and is seeking permission to continue using these rating factors. She continued that with uncertainties surrounding potential premium increases, market stabilization is the main motivator for this request within the authority of section 1321(e) of the ACA. In response to a question from Ms. Turnbull regarding permissible rating factors and usage, Ms. Gasteier clarified that CCA will be seeking permission to use rating factors at current levels rather than to phase them out. Ms. Turnbull noted that it is important that the state continue to maintain its autonomy in this area and not commit to using or not using certain rating factors, as Massachusetts should remain the master of its own fate. Ms. Gasteier agreed and stated that the flexibility request will be carefully crafted to ensure that there are options in how the state uses rating factors. In response to a clarifying question from Ms. Turnbull, Secretary Sudders confirmed that the flexibility request is strictly seeking the option to continue using rating factors at their current level and not committing to their use. Ms. Gasteier continued to review the next flexibility request related to the small business tax credit. She explained that Massachusetts is asking that the state be empowered to administer federal small business tax credits on the state level through CCA. She noted that the tax credits are aimed at assisting smaller businesses with lower wage employees. She shared that research has showed that awareness of this tax credit is low and conversations with employee groups show that it is underutilized. Ms. Gasteier stated that administering on the state level could increase awareness of the program and could be administered in conjunction with the Wellness Track program currently offered through CCA.

Moving on to the next flexibility request, Ms. Brice informed the Board of a proposal targeted at reducing the uncertainty surrounding CSRs. She stated that without state action carriers may increase their premium rates to compensate for the potential elimination of CSRs. She explained that as premium rates increase the federal government faces an increased liability, as Advanced Premium Tax Credits (APTC) are directly tied to premium rates. As such, Ms. Brice explained, the Massachusetts proposal would take “pass-through” APTC payments and deposit them into a state fund to serve for premium stabilization allowing enrollee coverage to remain stable and providing stability for carriers as well. Ms. Brice noted that this request would need to be expedited, as it needs to be approved prior to PY18. In response to a question from Ms. Vertes regarding financial feasibility of this proposal and if this is to mitigate risk rather than offset CSRs, Ms. Turnbull noted that if CSRs go away, APTCs increase, and Ms. Brice added that preliminary modeling suggests that carriers could potentially be made whole given the amount of pass through funding. Secretary Sudders commented on the recent approval of the Alaska waiver and applauded the creativity of CCA staff to build off of Alaska’s request so that it responds to the challenges that Massachusetts and our market face. Secretary Sudders continued that she briefed the Governor on this request, and it is a request that Massachusetts would like to pursue to reduce risk to our market. In response to a question from Dr. Chernew regarding how much premiums go up if CSRs are eliminated, Secretary Sudders asked that Ms. Brice describe the Alaska waiver. Ms. Brice noted that the Alaska model to address market instability was due to lack of

carriers. She continued that the state used broad based assessments to fund a state fund that offers reinsurance to bring more stability to the market. She stated that it is projected that the reinsurance mechanism will result in a decrease of premiums of the one remaining carrier. Ms. Brice continued to provide details on the Alaska waiver and noted that Massachusetts believes carriers would be favorable to the request if it is pursued. In response to a question from Ms. Wcislo regarding how lower income members will be impacted, Ms. Brice stated that the goal is to hold members harmless. Secretary Sudders stated that the intention of stabilizing the market is to stabilize it for CCA members.

Ms. Gasteier proceeded to the next flexibility request proposal regarding risk adjustment in Massachusetts for 2019 and beyond. She stated that Massachusetts is proposing to request the opportunity to convene a state-working group to explore the role of risk adjustment as a tool and examine trade-offs. She explained that we are now several years in and this is an appropriate time to look at risk adjustment as a policy tool. She reiterated that this request would not result in an immediate outcome but the opportunity to put together a group of market participants to discuss the future of Risk Adjustment within our market. Ms. Brice informed the Board that there are additional flexibility requests being considered, and that CCA will monitor and evaluate these proposals and their feasibility. Ms. Brice then reviewed the timeline of the public comment period and submission of materials.

- V. Health Connector Administrative Finance Update (VOTE):** The PowerPoint presentation “Health Connector Administrative Finance Update” was presented by Nupur Gupta and Edith Calvao. Prior to the start of the presentation Mr. Gutierrez noted that Ms. Gupta would be presenting on behalf of the finance team as Ms. Kari Miller, Chief Financial Officer, was unable to be present. Secretary Sudders commented on the capabilities of Ms. Gupta, Ms. Calvao and Mr. Gutierrez to guide the presentation. Ms. Wcislo shared that Ms. Miller was in the thoughts of everyone on the Board and that Ms. Miller wanted to attend the Board meeting to present the first balanced budget, but was ordered to stay home by the Secretary, and that it just says a lot about the commitment of CCA staff, and that it was important that the Board take a moment to acknowledge this commitment.

Ms. Gupta then began with the review of the administrative budget for fiscal year 2017 (FY17) and fiscal year 2018 (FY18). She noted that the FY17 yearend projection offers a modest improvement compared to the figures presented in June and highlighted that CCA is recommending a breakeven FY18 budget recommendation. She continued that CCA has completed an analysis of per member per month (PMPM) costs and how they compare to other state based marketplaces; these figures have been updated as a result. She explained that there remain unpredictable events, such as the uncertainty surrounding Cost-Sharing Reductions (CSRs), which could have an impact on the CCA budget and the 2018 Open Enrollment, but that conversations are on-going with regard to how best address such uncertainties. Ms. Gupta reviewed the PMPM downward trend in administrative cost year over year, with an estimated nine percent decrease between FY18 and FY19 based on preliminary projections. While the decrease in cost trends is expected to continue, Ms. Gupta noted that it is unlikely to reach the pre Affordable Care

Act (ACA) PMPM lows. She shared a chart comparing other State Based Marketplaces (SBMs) to Massachusetts which displayed that Massachusetts administrative costs fall in line with other Exchanges while offering highest functionality. In response to a question from Ms. Turnbull regarding one of the standardized exchanges displayed on the chart and if their lowered cost is a result of standardized plans, Ms. Gupta commented that the questions presented to SBM were mostly geared toward looking for financial information. Ms. Turnbull noted that it would be interesting to figure out the fixed and variable costs across marketplaces and Dr. Chernew added that while looking at CCA's declining PMPM some of it is cost savings from efficiency, but growing our enrollment is also a factor. Dr. Chernew continued that as long as we continue to grow we will lower our PMPM against enrollment. Secretary Sudders agreed that growth in enrollment is a factor but it is important to maintain efficiencies as well. In response to a comment from Ms. Wcislo regarding the responsibilities borne by CCA and if it contributes to cost, Mr. Gutierrez noted that CCA is a full service provider.

Ms. Gupta continued the review of the year-end FY17 budget, stressing CCA's commitment to the budget that was presented in June 2016. She noted that increased revenues were off-set by increased expenses, repairs and mitigation to processing systems and postage costs from Open Enrollment. She then provided greater detail on decreases in expenses and shifts in expenses from FY17 to FY18 as a result of timing. She reviewed a comparison of budgeted enrollment and projected enrollment to date and noted that year end projections are three percent higher than budgeted resulting in an eight percent positive variance. The trends leading to increased membership are consistent and Ms. Gupta explained where CCA membership had grown, resulting in a net increase in all program types. In response to a question from Secretary Sudders as to whether the current time period is considered to reflect a steady state of post enrollment, Mr. Gutierrez responded that a lot of Open Enrollment activity does settle down in February, and CCA has taken a lot of time to make sure that membership numbers are not based on redeterminations that may result in loss of coverage due to unaffordability. These numbers reflect solid membership.

Ms. Gupta then reviewed the recommended FY18 breakeven budget, including the net loss drivers, increased enrollment projections and funds from the Commonwealth Care Trust Fund as reflected in the Legislature's conference committee report. She stated that enrollment projections continue to reflect increases in enrollment, with an estimate that membership will reach 278,000 over the course of the next fiscal year, which represents modest growth. In response to a question from Dr. Chernew regarding CCA's break even range, Ms. Gupta replied that withholding all other budget assumptions, 280,000 members, or a range of 270,000 to 290,000 would be an appropriate breakeven range. Dr. Chernew continued, commenting on the positive direction of CCA and if there is an idea of how membership will evolve and if there are any unforeseen concerns with regard to membership. Mr. Gutierrez addressed his questions, noting that it is hard to determine because of external factors in play, but that it is an important question for CCA planning, from administrative planning to call center and processing support. He continued that while we procure these support services CCA can best speak to modest year over year increases to gain administrative efficiencies and see improved PMPM costs. In response

to a question from Mr. Gaunya regarding the eleven per cent call center increase Mr. Gutierrez stated that there were increases in Call Center expenses but significant increases are surrounding repairs and mitigation to premium processing. Mr. Gutierrez reassured that Ms. Miller is leading many financial controls to improve operations with our vendors and at every level, which is expected to result in a material reduction of FY18 expenses. Ms. Gupta provided greater insight into the enrollment trends and redeterminations that CCA expects to see in FY18 and reiterated that the Connector is focused on financial stability and is working to increase reserves over time given an uncertain future. Ms. Gupta then recommended that the Board vote to approve the FY18 administrative budget recommendations. The Board then voted unanimously to approve the FY18 administrative budget.

VI. Group Market Exchange Update (VOTE): The PowerPoint presentation “Group Market Exchange Update” was presented by Heather Cloran. Ms. Cloran began with a review of the implementation and planning for the small business platform. She noted that there have been multiple in person and telephonic meetings with D.C. Health Benefits Exchange (DCHBX) regarding system development. She then reviewed the preparation and expectations for the soft launch on October 1, 2017 and the full launch, which will occur on January 1, 2018 and will include dental carriers. Ms. Cloran continued that Tufts Direct will join the platform later in 2018 as there is a need to enhance Tufts’ technology infrastructure in order to participate. In response to a question from Ms. Turnbull regarding the participation of Tufts Premier on the business platform, Ms. Cloran responded that there is the hope and expectation that Tufts Premier will be on board in 2019. Ms. Cloran stated that CCA would be taking a phased in approach to employer choice. She noted that employers will be able to select sole source, a single health plan for employees, during the soft launch and will have the full range of choices when new sales commence on January 1, 2018. She explained that this approach is in response to positive feedback from the market and internal deliberations. She continued that with the reintroduction of list billing to the Massachusetts market and lessons learned from history, it is imperative that CCA work closely with and respond to stakeholders; this awareness has led CCA to re-evaluate and adopt a phased in approach. Ms. Cloran continued the review of the choice models, noting that horizontal choice, selecting one metallic tier amongst several carriers, will be limited to gold and silver plans, and that vertical choice, picking one carrier with a range of metallic tiers to select from, will be limited to platinum, gold and silver. She noted that this slightly reduced offering is to align with what would typically be offered by employers in similar models off of the Exchange. In response to a question from Ms. Wcislo regarding decisions made by employers when selecting a plan, Ms. Cloran responded that an employer establishes a percentage that they wish to contribute toward an employee’s health plan and will also select a benchmark plan. In response to a follow up question by Ms. Wcislo regarding availability of data and unforeseen consequences of list billing, Ms. Cloran noted that a full analysis will be completed after the first year of the full small group platform’s experience and shared with the Board. Ms. Cloran stated that the soft launch will occur in just a month and CCA is in the midst of several steps including; Electronic Database Interface (EDI) testing, actively developing world class customer service enhancements, reviewing policies and procedures, and completing and preparing for two distinct reviews

as required by Centers for Medicare and Medicaid Services (CMS). Mr. Gutierrez cautiously praised the timely delivery of technical obligations as required each month, with minor exception, that were delivered under targeted expense, and noted the fantastic technical work completed to date. Ms. Cloran continued that CCA is continuing to work on the finalization of transition materials and engagement with the community.

Ms. Cloran then informed the Board that CCA last completed a review and update of broker commissions in 2013, compared to annual updates completed by carriers. Therefore, CCA completed a full survey of the existing marketplace commissions and found that CCA medical commissions would have to be increased to create parity between market intermediaries. Ms. Cloran reviewed the proposed revised broker commission schedule. In response to a question from Ms. Vertes regarding the new commission structure being included in the budget that was just reviewed, Ms. Cloran confirmed that it was. The Board then voted and approved the revised broker commission schedule to be effective January 1, 2018.

VII. Risk Adjustment Data Validation Work Order (VOTE): The PowerPoint presentation “Risk Adjustment Data Validation Work Order (VOTE)” was presented by Michael Norton and Edward DeAngelo. Mr. Norton informed the Board that CCA is seeking approval to enter into a work order with the existing Risk Adjustment Data Validation (RADV) auditor FTI to review the 2016 benefit year. Mr. Norton stated that in May 2017, Health and Human Services issued guidance that the 2016 RADV would be conducted as a pilot, similar to how the 2015 RADV was conducted, rather than a full risk adjustment. Mr. Norton informed the Board that conducting a pilot gives Massachusetts’s flexibility in its approach to RADV, eliminates the financial implications and is less expensive than a full RADV. Mr. Norton continued that in an effort to prepare issuers for the eventual transition to the federal RADV model, the emphasis of the 2016 audit will change slightly, but will remain a consensus approach focused on clinical discussion, medical charts, coding and diagnostics, to analyze and uncover discrepancies between source data and an issuer’s enrollment. Mr. DeAngelo elaborated further upon the risk adjustment process and how analysis is conducted; he continued that Massachusetts received approval to conduct its own risk adjustment program and federal regulations require that a RADV process be completed following the risk adjustment. CCA is now looking at a completed plan year and samples of data to make recommendations based on findings. He explained that the federal government will conduct the RADV for our current plan year, 2017, in the future and the additional pilot year will help issuers to prepare without fiscal implications. Additional details of the 2016 RADV process and volume of analysis were provided. In response to a question from Ms. Wcislo regarding which coding system will be used, Mr. Norton replied that in 2016 classification of diagnosis switched to ICD10 and that will be the code used. Mr. Norton then reviewed the 2016 RADV audit timeline. In response to a question from Ms. Vertes regarding the scope of the audit and the sample size, Mr. Norton explained that if a larger sample size was used it would limit the amount of clinical discussion that could occur; he added that carriers were given the opportunity to weigh in on sample size and process. In response to an additional question from Ms. Vertes regarding the size of the

federal audit, Mr. Norton explained that the sample would include 200 members. Dr. Chernew commented on coding being done at the provider level and how that may factor into differences among carriers. In response to interest expressed by Ms. Vertes regarding the goals of the RADV and future direction, Mr. Norton commented that there are on-going discussions within CCA regarding future federal flexibilities relative to the overall risk adjustment program which includes RADV. In response to a question from Ms. Wcislo, Mr. Norton confirmed that next year the federal government would conduct the RADV and there would be no expense borne by the state. Mr. Norton then reviewed the cost of the audit, noting that the bulk of the work is the medical record review. The Board then moved to vote to approve the contract, explicitly stating that the contract not exceed \$1,459,999.00 and the motion was approved.

After all official agenda items had been discussed, Secretary Sudders recognized the hard work and success of CCA staff with regard to a successful Open Enrollment in light of many changes, their work on the new group market platform, historic budget projections and all of the efforts going into the 1332 waivers to keep the market stable despite uncertainties. In response to a question from Ms. Wcislo regarding contingency planning in light of uncertainty on the federal level, Mr. Gutierrez commented that CCA remains apprised of the legislative discussions on the federal level and continues to work with MassHealth on possible solutions. He continued that though there are no solidified plans in place, CCA has a good understanding of impacts and necessities. Secretary Sudders added that the Baker Administration is focused on maintaining affordable coverage for residents of the Commonwealth and is actively working with other Governors to promote stability among Exchanges and within the Medicaid program. She continued that it has been made very clear that any federal bill will be evaluated with regard to the impact in Massachusetts, but it is important that we use Congressional Budget Office figures when reviewing pending legislation. She continued that at the end of the day the goal remains the same, being able to ensure access to coverage.

The meeting adjourned at 10:51 AM.

Respectfully submitted,

Erin E. Ryan