



The Commonwealth of Massachusetts
Commonwealth Health Insurance Connector Authority
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Board Chair

KARYN POLITO
Lieutenant Governor

LOUIS GUTIERREZ
Executive Director

Board of the Commonwealth Health Insurance Connector Authority
Minutes

Thursday, March 14, 2019
9:00 AM to 11:00 AM

50 Milk Street, 8th Floor
Boston, MA 02109

Attendees: Louis Gutierrez, Marylou Sudders, Gary Anderson, Nancy Turnbull, Roberta Herman, Dimitry Petion, FayeRuth Fisher, Elizabeth Denniston (who was sitting by designation on behalf of Secretary of Administration and Finance Michael Heffernan). Rina Vertes, Michael Chernew and Lou Malzone were all joining by telephone.

The meeting was called to order at 9:04 AM.

- I. Minutes:** The minutes of the December 13, 2018 meeting were unanimously approved by roll call vote.
- II. Annual Meeting Minutes:** The minutes of the Annual Health Connector meeting, held on December 13, 2018, were unanimously approved by roll call vote.
- III. Executive Director's Report:** Mr. Gutierrez began the meeting by providing an overview of the agenda before the Board for that day. While a deeper review of Open Enrollment 2019 (OE) will be taking place, he noted that this was a positive and remarkable Open Enrollment for the Health Connector (CCA) on a state and national level, as CCA enrolled more members into coverage than ever before. He informed the Board of the Governor's visit to CCA that occurred earlier in the week. The Governor highlighted the successes of OE and was joined by a Navigator from Lawrence, impacted by the gas explosion that occurred in September 2018, a member who worked with the Lawrence Navigator program, and an enthusiastic broker who actively sells on the Health Connector for Business platform. Mr. Gutierrez informed the Board that the week prior he and Chief of Policy, Audrey Morse Gasteier, were in Washington, D.C. sharing both

the successful strategies and challenges to providing affordable coverage in Massachusetts. During this trip, Ms. Gasteier testified before the United States House Energy and Commerce Subcommittee on Health, providing insight on the Massachusetts experience, and how the state based exchange allows for flexibility and tools to best serve Massachusetts' market and population, and how lessons learned in Massachusetts may translate to other states.

Mr. Gutierrez then provided an update on the Customer Experience Procurement Project (CXPP), reminding the Board of where CCA is in that process with respect to the multiple procurements. He informed the Board that CCA will be seeking the Board's approval to enter into a contract with an enrollment and premium billing vendor at the April Board meeting. He continued with an update on the on-going work to promote the Health Connector for Business (HCB) platform and informed the Board of the cost savings available using the employee choice model as well as the ConnectWell premium rebate program. He noted that HCB has been active on social media, referencing videos from a recent HCB tour and concluding his update by reading a tweet from an anonymous HCB member who was impressed with the "awesome" features of the platform.

In conclusion, he stated that despite the recent successes, challenges continue to exist and Massachusetts is fortunate to have the support of the Board, the stakeholder community and a strong partnership with MassHealth, all of which contribute to the nation leading rate of insured, and the lowest average marketplace premium in the nation.

Dr. Herman commented that the success of CCA during Open Enrollment is remarkable and a significant milestone, but not surprising given the caliber of the team, and congratulated CCA. Commissioner Anderson also commented on the recent successes of CCA, noting that staff resolves challenges before they arise.

IV. Open Enrollment Update and Strategic Plan for the Uninsured: The PowerPoint presentation "Open Enrollment Update and Strategic Plan for the Uninsured" was presented by Audrey Morse Gasteier, Marissa Woltmann and Vicki Coates. Ms. Gasteier began the presentation by providing an overview of the presentation that would focus on the recent 2019 Open Enrollment (OE), which was successful and a period of high activity, as well as a discussion regarding reaching the remaining uninsured. She noted that CCA has been exploring the enrollment trends and the drivers behind the success.

Ms. Woltmann then provided a review of key statistics from OE 2019 and how they compare nationally to other Exchanges and historically within CCA. She noted that January set a high watermark for CCA enrollment, which was then surpassed in both February and March. She stated that CCA saw similar patterns to previous years during this OE but that it enrollments began higher and grew faster than in years past. She informed the Board that after testing a number of hypotheses to determine the drivers behind this year's enrollment growth CCA found that outreach, including the #StayCovered Campaign, which was the first outreach and marketing campaign conducted outside of Open Enrollment; and affordability, including lower premium

increases contributing to stability, and fewer members losing their subsidies, were the primary drivers behind membership growth. In response to a question from Ms. Turnbull, Ms. Woltmann said that CCA does have information about a member's prior coverage being with MassHealth, but no specific data on the impact of MassHealth's transition to Accountable Care Organizations (ACOs) on membership churn. Secretary Sudders commented that there has not been mention of any disruption as a result of the change in strategy.

Ms. Woltmann informed the Board of the significant increase of new members that came from target communities during this OE. She noted that outreach in target communities proved to be a success and shared a variety of the unique events that CCA hosted during this time, including a flash mob, a hot dog happy hour and a traditional Brazilian batucada drum team. In response to a question from Mr. Petion regarding the proportion of members that came from MassHealth or CCA, Ms. Woltmann stated that new members are reporting longer gaps in coverage, which may suggest that the enrollment efforts are reaching the chronically uninsured. Ms. Woltmann provided greater detail on the outreach conducted in OE2019 and the outcome compared to prior years, noting that the consistent approach is contributing to creating a culture of coverage. Ms. Woltmann reviewed the importance of Navigators in assisting individuals in the community and highlighted the new Navigator organization in Framingham.

Ms. Woltmann then provided review of the composition of new members, noting that they are more likely to be Spanish speaking and younger, which aligns with the demographics of the uninsured. In response to a question from Ms. Turnbull, Ms. Woltmann noted that there is not a disproportionate amount of new members that are male. Ms. Woltmann continued to provide information regarding the enrollment history of new members who came into CCA coverage during this OE. She stated that CCA will be investigating if there are trends in coverage disruption for members who were previously enrolled through CCA or MH, and that this would be an opportunity to explore Ms. Turnbull's earlier question regarding potential impacts of the ACO transition. Dr. Chernew congratulated CCA on this information, noting that these are terrific findings. Secretary Sudders commented on her interest in understanding the churn between CCA and MH more and noted the importance of continuing to monitor the trends in employer sponsored insurance, including cost and offer rates. In response to a question from Ms. Denniston regarding a specific industry that may have contributed to the drop in offering of employer sponsored insurance, Ms. Woltmann explained that the data available in this area is limited, though CCA is exploring ways to look into this deeper. Ms. Woltmann provided review of member activity over the past OE, noting that members are actively enrolling in the silver plans.

Ms. Coates then provided review of the customer service experience, noting that the call center was able to stay well within the required metrics. She informed the Board that the walk in centers serviced more members than ever before and that there was a reduction in calls, likely attributed to the Interactive Voice Response (IVR) system that allowed individuals to access self-service for simple inquiries. She stated that members use the walk-in center to drop off documents and make payments, and keeping that in mind,

CCA expects to have document upload features available in the next couple of months. She also informed the Board that as part of the enrollment and premium billing procurement CCA has asked vendors to have additional payment options available. The call centers have transitioned to closed enrollment and in total experienced a successful OE. In response to a question from Mr. Petion regarding the decrease in call center activity, Ms. Coates stated that it is likely attributed to the stability of this year compared to last, improvements in the user interface and website experience, as well as the IVR functions.

Ms. Woltmann reviewed the success of Massachusetts compared to other Exchanges during this OE. In response to a question from Ms. Turnbull regarding California's OE experience, Mr. Gutierrez stated that the "zeroing out" of the federal individual mandate contributed to the loss of new membership in many Exchanges. He continued to note that Governor Newsom of California is contemplating a state individual mandate and a "state wrap" program that – like Massachusetts – would augment ACA subsidies with additional state subsidies. Ms. Woltmann informed the Board, that while CCA reflects on the success of OE2019, OE2020 preparation is already underway, with the planning of new releases for the Health Insurance Exchange system (HIX) and the preliminary Seal of Approval for 2020 will be presented to the Board today. The Board applauded CCA for a job well done during OE2020.

Ms. Gasteier reminded the Board of the strategic planning topic "Covering the Remaining Uninsured" that there was not time to discuss during the strategic Board meeting in December. She stated that while CCA has made inroads in reaching the uninsured, Massachusetts continues to have a flat three percent of the population that remains uninsured. She stated that CCA would welcome the Board's thoughts on reaching the uninsured while settings its goals. She informed the Board of the efforts underway to understand and reach this population, including the Abdul Latif Jameel Poverty Action Lab (JPAL) study and partnership with the Department of Revenue (DOR) to reach uninsured residents. She stated that without direct access to the DOR individual mandate data on which Massachusetts residents do not have health coverage, CCA is unable to use this data to its fullest potential. In response to a question from Ms. Turnbull regarding outreach targeting uninsured men, Ms. Gasteier noted that this year advertisements included vignettes with girlfriends encouraging their boyfriends to get health insurance coverage.

In response to a question from Mr. Petion about partnerships and access to providers who have extended hours to ensure that members are able to use the coverage they are paying for, Board members began discussing the characteristics of the uninsured population. Secretary Sudders noted that for many, taking time off to see a provider would mean not going to work and not getting paid. Ms. Fisher also commented on the fluctuating eligibility of members who have unpredictable work hours, and how moving in and out of insurance can be impactful to them. In response to a question from Ms. Denniston regarding the use of DOR data, Ms. Gasteier provided additional details on the limitations. Ms. Denniston then referenced pending legislation to enable data sharing between agencies, and while it may not specifically address the needs of CCA, it may be

of interest. In conclusion to the conversation, Ms. Gasteier noted that CCA is interested in hearing more from the Board on their thoughts regarding mechanical and policy updates to explore in order to reach the uninsured.

- V. Affordability Schedule for Calendar Year 2020 (VOTE):** The PowerPoint presentation “Affordability Schedule for Calendar Year 2020” was presented by Marissa Woltmann. Ms. Woltmann provided the Board with an overview of the presentation and reminded the Board that Massachusetts retained its individual mandate, after the introduction of a federal mandate through the Affordable Care Act (ACA) and more importantly, that the state requirement remains even while the federal penalty was zeroed out. She stated that most residents in the state have coverage that meets minimum credible coverage and other states have been looking to Massachusetts for technical assistance as interest has grown in state-level individual mandates elsewhere in the nation.

Ms. Woltmann informed the Board that CCA is maintaining its approach for the 2020 affordability schedule and reviewed the small increase that premium-paying members in ConnectorCare will experience. She informed the Board of a technical adjustment in order to keep in line with the affordability schedule and provided review of the affordability schedule that the Board would be voting to approve. After pausing to take any questions, Secretary Sudders asked if there was any further discussion by the Board. Ms. Turnbull noted that maintaining stability works well and the Board members, by roll call vote, then unanimously approved the issuance of the Affordability Schedules for Individuals, Couples, and Families for Calendar Year 2020 as set forth in the staff recommendation as final.

- VI. 2020 Health and Dental Plan Proposed Seal of Approval (SOA):** The PowerPoint presentation “2020 Health and Dental Plan Proposed Seal of Approval (SOA)” was presented by Emily Brice, Maria Joy Dawley and Edith Boucher Calvao. Ms. Brice began the presentation with a review of the Seal of Approval (SOA) process that occurred for 2019 and informed the Board that CCA proposes a relatively stable approach and product shelf for its members for 2020. She informed the Board that the federal Notice of Benefit and Payment Parameters, which informs SOA approaches, came out later than expected this year, with the final Notice still pending. The delay had contributed to a degree of federal uncertainty.

Ms. Dawley continued, stating that in response to federal uncertainty and market needs, CCA had introduced new plan requirements during the 2019 SOA process which it recommends continuing for plan year 2020 (PY2020). In response to a question from Ms. Turnbull about PPO plans in the nongroup market, Ms. Brice noted that when PPO plans have been offered in the nongroup market in the past there has not been a high volume of uptake among them. Ms. Brice stated that this is a new offering in the small group market and there has not been a groundswell of interest, but would be interested in monitoring this further. Ms. Dawley proceeded to inform the Board of the actuarial value (AV) changes that occur each year and the need for CCA to make modest alterations to its plan designs in order to address those changes. Aside from a few updates, Ms. Dawley noted

that CCA is largely maintaining a steady state. In response to a question from Mr. Petion regarding changes in co-pays, Ms. Dawley reviewed a range of some of the co-pays and the increases that will occur on silver and bronze tier plans. In response to a question from Ms. Turnbull regarding AV calculator changes, Ms. Boucher Calvao explained that claims are trended forward from one year to another, and this is part of an actuarial process. Ms. Dawley continued with review of the SOA parameters, recommending that the approach to waiving catastrophic plans be maintained for this OE. In response to a question from Ms. Denniston regarding the standard low silver offering, Ms. Brice noted that it is designed within the confines of the AV calculator and with the intention of trying to keep co-pays as low as possible. In response to a follow up question from Ms. Turnbull related to the federal actuarial value calculator, Ms. Boucher Calvao noted that increasing an office visit co-pay by five dollars will have a greater impact than increasing the co-pay of another medical service by five dollars. Ms. Brice added that CCA attempted to spread cost sharing across categories to avoid an uneven impact.

Ms. Dawley informed the Board that this year CCA will be eliminating the practice of allowing carriers to offer frozen plans. In response to a question from Ms. Turnbull regarding member impacts, Ms. Dawley noted that there are currently no frozen plans being offered on the CCA product shelf. Ms. Brice then reviewed the strategic approaches to the SOA process, including the continued silver-loading approach in response to the withdrawal of Cost Sharing Reduction (CSR) payments. She noted that CCA continues to work closely with DOI relative to these dynamics and while there continues to be mixed federal signals regarding the loading approach, it appears permissible for 2020.

Ms. Brice stated that CCA is recommending two geographic initiatives for SOA 2020 to maintain access to services, including that geographic footprints served by issuers do not shrink, and a modification to the one hospital per county requirement. Secretary Sudders commented that county constructs are irrelevant when it comes to health care access. In response to a question from Dr. Herman regarding hospital geographic location requirements, Ms. Brice stated that there will be an expectation of shifting toward more of a time/distance standard. In response to a question from Mr. Petion as to whether the modifications will encourage additional carrier participation, Ms. Brice stated that CCA continues to encourage all carriers to continue to offer competitive bids, and would welcome additional entrants in upcoming years.

Ms. Brice informed the Board of additional initiatives for 2020 that will build off requirements from earlier SOAs, including requiring carriers to participate in a behavioral health survey to gauge their progress in offering opioid use disorder services and behavioral health services. In response to a question from Ms. Turnbull regarding ability to review issuer responses, Ms. Brice noted that CCA is partnering with other agencies. In response to a question from Mr. Petion regarding how CCA is encouraging the use of telemedicine in this space, Ms. Brice stated that CCA could start by requesting more information from carriers. Secretary Sudders stated that CCA is not the regulator in the telemedicine space and that this is a much broader conversation within the Executive Office of Health and Human Services and the Division of Insurance. In response to a

comment from Dr. Herman noting that the Group Insurance Commission (GIC) has made progress in this space, Ms. Brice stated that CCA would be happy to learn from sister agencies who have explored this prior to CCA. In response to a question from Ms. Fisher regarding who will benefit from the proposed SOA initiatives, Ms. Brice stated that these are relatively specific changes for specific populations.

In response to a comment from Ms. Turnbull regarding the need to closely monitor non-discrimination in drug formularies, Ms. Brice continued with the presentation noting that CCA will be working with DOI to refresh the approach in monitoring and leverage tools to make sure that members have consistent experiences. In response to a question from Ms. Denniston regarding the issuer survey, Ms. Brice replied that CCA wants to make sure that progress is being made on initiatives underway.

Ms. Dawley then provided a review of the dental portion of the SOA process, informing the Board that a consistent approach to years past is being proposed. Carriers will be permitted to waive small group dental offerings so long as sufficient choice remains available. She then provided a review of the SOA 2020 timeline, noting that CCA expects to release a Request for Responses (RFR) that week with responses due in May. She informed the Board of the expectation to return to the Board in July to present on the Conditional Seal of Approval and again in September to provide the final presentation on Seal of Approval, which will include the design for ConnectorCare. With no further questions or comments, the presentation concluded.

Prior to adjourning the meeting, Secretary Sudders informed the Board that Governor Baker sent a letter to Senator Lamar Alexander, Chair of the Senate Health, Education, Labor and Pension Committee, to provide information on healthcare cost and quality. She stated that the overall message is that our nation's health care system is not aligned to address population health care management. The letter notes that while the technology sector grows within health care, access to certain specialists including mental health providers or geriatricians shrinks. The letter also offers the opportunity to address common sense provisions, including modifications to the ACA and a means to decrease drug spending.

Prior to adjourning, Dr. Chernew apologized for being on the phone for the meeting. With no further comments the Board, through roll call vote agreed to adjourn.

The meeting adjourned at 10:20 AM.

Respectfully submitted,

Erin E. Ryan