



The Health Connector and its Role in the Massachusetts Health Coverage Landscape

Student Health Policy Forum

January 10, 2023

Agenda

- Overview and History of the Health Connector
- Health Connector Members and Program Offerings
- Health Connector Policy and Outreach Tools
- Looking Forward for the Health Connector



Health Connector Overview

Health Connector Overview

The Health Connector is the state’s official ACA health insurance marketplace, offering Massachusetts residents and small businesses a way to understand their health coverage options, access affordability help, and compare and enroll in quality health and dental plans.

- The Health Connector (“Commonwealth Connector Authority” or “CCA”) was created in 2006 as part of a set of bipartisan state health reforms aimed at increasing access to health insurance in Massachusetts, and later adapted to incorporate the federal health reforms of the Affordable Care Act (ACA)
- The Health Connector serves three primary populations:
 - Low-to-moderate income residents via its ConnectorCare Program
 - Middle and higher-income unsubsidized nongroup enrollees
 - Small employers (<50 employees) through Health Connector for Business

Health Connector Overview (cont'd)

- The Health Connector's primary objective is facilitating access to affordable health insurance coverage for eligible individuals and small businesses. It has been designated by the Massachusetts General Court as the Health Insurance Exchange for the Commonwealth
- Exchanges were designed to protect consumers in an otherwise complicated and difficult to understand health insurance marketplace, and to put “buyers and sellers” on more equal footing
- The Health Connector's mission is to expand health coverage to Massachusetts residents, and ensuring that all residents have access to the health care services and financial protections that come with comprehensive health insurance coverage
- Its strategic goals include advancing health equity by promoting robust coverage of services, affordable premiums and cost-sharing, improvements in population health, and access to a broad range of services, providers, and supports

Health Connector's Role in Massachusetts Health Care Reform

Massachusetts' success in promoting coverage and affordability for residents rests in part on unique programs and policies administered by the Health Connector:

- The unique ConnectorCare “wrap program” uses state financed subsidies on top of federal subsidies to make commercial health plans more affordable
- Review and approval of plans through the Seal of Approval process ensures that all health and dental plans sold through the Health Connector meet state standards
- Active market engagement for unsubsidized individuals and small groups
- Our state individual mandate
- Substantial outreach to the general population and targeted communities about health coverage and how to get and stay insured

BUILDING BLOCK:

Provide additional subsidies for low- to moderate-income households

We offer additional premium and cost-sharing subsidies for people who qualify for federal premium tax credits. Premiums increase gradually with income. We have plans as low as \$0 a month for those with incomes up to 150% FPL and \$137 a month for those at 300% FPL.

BUILDING BLOCK:

Take a proactive approach to keeping insurance markets healthy

We promote a healthy market with policies like an “individual mandate” to maintain coverage, a merged market for individuals and small groups, standard Health Connector plan requirements, higher MLR requirements, and monitoring against non-compliant plans and scam offers.

BUILDING BLOCK:

Coordinate coverage expansion for the Marketplace and Medicaid

In addition to offering a robust set of programs, we work seamlessly with state Medicaid partners at MassHealth to allow individuals to apply and receive immediate eligibility results for both programs at one time.

BUILDING BLOCK:

Use data to drive outreach and marketing

Targeted outreach and in-person assistance helps us to raise awareness about the availability of health insurance among the uninsured. Our messages are delivered in 7 languages and through a variety of formats: print, radio, television, digital, and in-person events.

BUILDING BLOCK:

Streamline enrollment for low-income enrollees

People who newly qualify for ConnectorCare can enroll in coverage through a Special Enrollment Period at any time of the year. This ensures that our success at enrolling new residents during Open Enrollment is extended throughout the year for key populations.

BUILDING BLOCK:

Support the changing needs of our population

We work to reach and support the increasing number of people who depend on our coverage due to population changes and an evolving economy. We've also re-doubled efforts to serve our small business community with flexible and affordable plans designed to meet the needs of small employers.

Overview of Health Connector Programs

Programs available to individuals & families	ConnectorCare	Households $\leq 300\%$ FPL can combine federal premium tax credits with state premium and cost sharing subsidies <ul style="list-style-type: none"> • 2023 Plans have guaranteed premiums as low as \$0 - \$137, on a sliding scale based on income. • Members can choose from one to four plans in 2023, depending on region • Plans have no deductibles and low cost-sharing • 300% FPL is: <ul style="list-style-type: none"> • \$40,770/year for a single individual • \$83,250/year for a family of four
	Advance Premium Tax Credits (APTCs)	Households $> 300\%$ FPL may be eligible for federal-only premium tax credits to reduce the cost of health insurance purchased through the Health Connector
	Unsubsidized	Households that do not qualify for state or federal subsidies can choose from a range of plans from 8 health insurance carriers
Available to Employers	Health Connector for Business	Small employers with ≤ 50 employees

Health Connector's Carrier Options

The Health Connector is the only place in Massachusetts where, through one “front door”, individuals, families and small businesses can access and compare from among all leading commercial health and dental carriers.



Please note that in 2023 Always Health Partners will have a branding change, including logo.



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.





Health Connector Members and Program Offerings

Health Connector Membership Overview

The Health Connector's programs, outreach and public education efforts, and policies have helped Massachusetts lead the nation in coverage and affordability. Nearly a quarter of a million Massachusetts residents are enrolled in a Health Connector qualified health or dental plan.

Health Connector Member Demographics: ConnectorCare vs. Non-ConnectorCare

	ConnectorCare ≤ 300% FPL	Non-ConnectorCare >300% FPL	
Subsidy	APTCs + State Wrap	APTCs only	No Subsidies
Age (average)	43 years old	44 years old	39 years old
Gender	55% women	52% women	50% women
Household enrollment size (additional household members may have other coverage)	80% Individual members 20% families	64% Individual members 36% families	77% Individual members 23% families
Immigration status	30% Lawfully present immigrants	13% Lawfully present immigrants	8% Lawfully present immigrants
Language	16% speak a language other than English 9% Spanish	6% speak a language other than English 3% Spanish	2% speak a language other than English 1% Spanish

Source: Health Connector Administrative Data

About ConnectorCare

- Through affordable premiums and cost sharing, the Health Connector's ConnectorCare program promotes access to care and reduced cost burdens for 140,000 residents (approximately two-thirds of the Health Connector's membership).
- State and federal subsidies work in concert to decrease the cost of a carrier's unsubsidized Silver plan premium and cost-sharing down to ConnectorCare levels.
 - ✓ Federal Advance Premium Tax Credits (APTCs) and **Massachusetts state premium subsidies** are applied to unsubsidized Silver premiums, resulting in ConnectorCare premiums as low as \$0 per member per month.
 - ✓ Similarly, **Massachusetts state Cost-Sharing Reductions (CSRs)** are applied to Silver plan designs resulting in ConnectorCare plans without deductibles and with co-pays as low as \$0 for Primary Care Physician (PCP), specialist, emergency, urgent care, inpatient hospitalization, and imaging services.
- The additional financial value and protection to members enrolled in the ConnectorCare program (compared to enrollees receiving only Affordable Care Act subsidies or no subsidies) is a result of additional state dollars invested to reduce monthly premium and point-of-service costs that, in turn, translate to near-universal coverage and a market with fewer cost barriers to care.

About ConnectorCare (continued)

- The impact of the state's investment can also be seen in ConnectorCare enrollees' satisfaction with their coverage, perceptions of affordability, and lower rates of delayed or forgone care and unpaid medical debt when compared to non-ConnectorCare members and the state overall.
- ConnectorCare members are **less likely to report delayed or forgone health care due to cost** compared to non-ConnectorCare members and overall Massachusetts residents (19 percent reported delaying or not getting health care services in the last six months because of its cost compared to 32 percent, on average, of non-ConnectorCare members).
- ConnectorCare members are **more likely to find their cost sharing to be affordable** compared to non-ConnectorCare members (57 percent agreed that the amount they paid for health care services was reasonable compared to 18 percent of non-ConnectorCare members).
- ConnectorCare members **report lower out-of-pocket spending** compared to non-ConnectorCare members and overall Massachusetts residents (56 percent spent under \$500 in the last 12 months compared to 30 percent of non-ConnectorCare members).

About ConnectorCare (continued)

ConnectorCare plans have standardized cost-sharing according to plan type.

- Plan Type 1 was designed to align with the state’s Medicaid Managed Care Organization cost-sharing
- Plan Types 2 and 3 were designed to align with pre-ACA Commonwealth Care plans
- ConnectorCare enrollees have low co-pays and Maximum Out-of-Pocket amounts, and no deductibles or coinsurance, across a range of standard benefit categories

CONNECTORCARE BENEFITS & COPAYS				
Plan Type		Plan Type 1	Plan Types 2A & 2B	Plan Types 3A & 3B
Medical Maximum Out-of-Pocket (Individual/ Family)		\$0	\$750/\$1,500	\$1,500/\$3,000
Prescription Drug Maximum Out-of-Pocket (Individual/ Family)		\$250/\$500	\$500/\$1,000	\$750/\$1,500
Preventive Care/Screening/Immunization		\$0	\$0	\$0
Primary Care visit to treat injury or illness (exc. Well Baby, Preventive and X-rays)		\$0	\$10	\$15
Specialist Office Visit		\$0	\$18	\$22
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services		\$0	\$10	\$15
Rehabilitative Speech Therapy		\$0	\$10	\$20
Rehabilitative Occupational and Rehabilitative Physical Therapy		\$0	\$10	\$20
Emergency Room Services		\$0	\$50	\$100
Outpatient Surgery		\$0	\$50	\$125
All Inpatient Hospital Services (including Mental/Behavioral Health and Substance Abuse Disorder Services)		\$0	\$50	\$250
High Cost Imaging (CT/PET Scans, MRIs, etc.)		\$0	\$30	\$60
Laboratory Outpatient and Professional Services		\$0	\$0	\$0
X-Rays and Diagnostic Imaging		\$0	\$0	\$0
Skilled Nursing Facility		\$0	\$0	\$0
Retail Prescription Drugs:	Generics	\$1	\$10	\$12.50
	Preferred Brand Drugs	\$3.65	\$20	\$25
	Non-Preferred Brand Drugs	\$3.65	\$40	\$50
	Specialty High Cost Drugs	\$3.65	\$40	\$50

Unsubsidized Nongroup Market Dynamics

The unsubsidized nongroup market faces unique access and affordability challenges that the Health Connector seeks to address.

- Roughly half of the Massachusetts unsubsidized nongroup market is enrolled through the Health Connector
- Health Connector unsubsidized enrollees report significant challenges with affording the cost of coverage, as they have to pay the full premium, without any assistance via subsidy or via an employer contribution

The Health Connector “standardizes” plan choices for unsubsidized enrollees and shoppers to make it easier to compare plans.

- Standardization was designed to allow consumers to make “apples to apples” comparisons across carriers
- The majority of health plans on the non-group shelf are considered “standardized” because they adhere to common coverage of 22 major benefits across carriers
- Outside these 22 benefits, carriers are allowed to vary cost sharing. In addition to standardized plans, carriers are allowed to offer several non-standardized plans that they believe add value for consumers

More Savings Available

- Signed into law in March 2021, the American Rescue Plan (ARPA) included a significant expansion of premium subsidies through ACA marketplaces like the Health Connector for a two-year period
- The federal Inflation Reduction Act (IRA) passed by Congress and signed in August 2022 extended the premium subsidy enhancements through 2025
- These changes represent the most material expansion and forward-motion on the ACA in over a decade. They present significant new opportunities to expand coverage and lower costs for low income and middle-income families in Massachusetts and nationally
- Many people who did not qualify for help before may now see lower monthly premiums





Policy & Outreach Tools

Individual Mandate

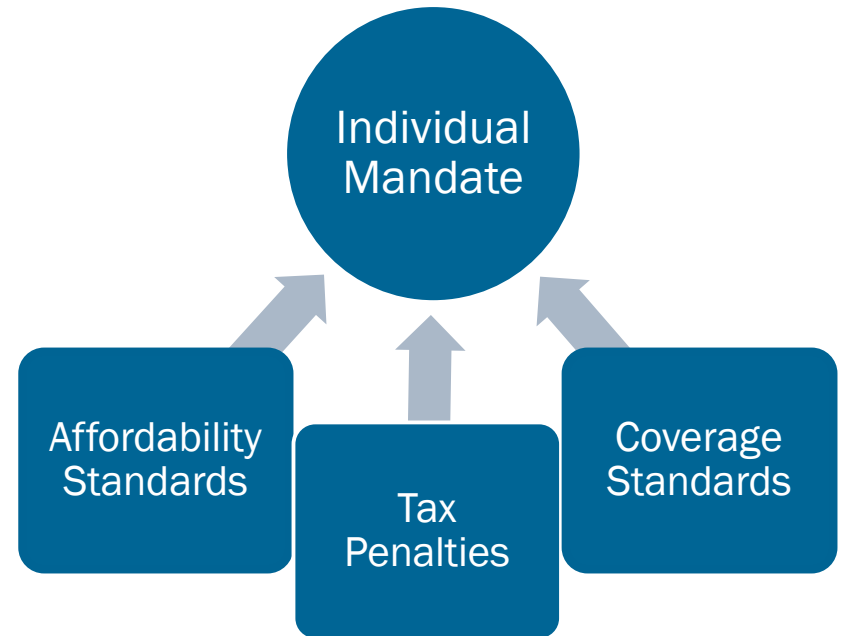
Massachusetts's 16-year-old state-level individual mandate plays a unique role in promoting widespread coverage, but also in promoting affordability.

- Massachusetts established a state-level individual mandate as part of its 2006 health reform law
- Massachusetts retained its mandate, even after the ACA individual mandate went into effect in 2014 – and continues to have a mandate today (even after withdrawal of federal mandate penalty)
- The Health Connector's Board of Directors has responsibilities around setting affordability and coverage standards for the mandate as well as developing and administering hardship exemptions for individuals facing a penalty for being uninsured
- While individual mandates are widely understood to promote coverage and ensure risk pool stability, they have other less-discussed, but important benefits related to affordability:
 - Creating ceilings on cost sharing
 - Ability to stem market traction of less robust/"gray market" plans that can leave consumers exposed
 - Outreach capabilities enabled by mandate administration, which in turn helps affordability for those who can be newly enrolled + overall risk pool

Individual Mandate Components

Massachusetts has required adults to maintain health insurance since 2007, and the “individual mandate” remains an important tool in promoting market stability today.

- Massachusetts chose to keep its individual mandate in place as the ACA brought a similar policy to the rest of the nation
- The federal individual mandate penalty is no longer being assessed as of tax year 2019, but the state mandate remains in place
- The Health Connector Board is responsible for a number of policy aspects of the individual mandate, including affordability standards, Minimum Creditable Coverage (MCC) standards, and hardship exemption criteria



Seal of Approval & Coverage Standards

The Health Connector uses its an annual Seal of Approval process to review and approve Qualified Health and Dental plans.

- The Health Connector requires carriers to submit at least one standardized platinum, high gold, high silver, bronze, and catastrophic medical plan
- Standardized plans are designed by the Health Connector with input from stakeholders and are intended to enhance consumers' ability to conduct “apples-to-apples” comparison shopping
- Plans must cover Essential Health Benefits, meet deductible and actuarial value rules, and Minimum Credible Coverage (MCC) guidelines
- Plans are reviewed to ensure they meet Health Connector and MA Division of Insurance standards

Through the seal of approval process the Health Connector works to increase access to critical services and prescription medications.

- CCA required that all its health insurance products offer pen injector insulin at Tier 1 cost sharing for 2022, working to address disproportionate impact of diabetes on the African-American/Black community, and make more affordable a patient-centered insulin delivery mechanism
- ConnectorCare plans in 2023 will newly include zero cost-sharing for certain medications associated with chronic conditions as part of the Health Connector's ongoing health equity initiatives (see next slide).

New 2023 Member Benefits to Promote Value, Equity, and Access

The Health Connector’s 2023 plan shelf includes Value-based Insurance Design (VBID) initiatives particularly in the ConnectorCare program, with a focus on disparate health outcomes experienced by people of color.

	VBID Area of Focus	Description
All CCA members	Recovery Coaches and Certified Peer Specialists	Encourage coverage for these EHS BH Roadmap services, with \$0 cost sharing where covered
ConnectorCare members	Reduced Cost Sharing for Tier 1 Insulin	Provide \$0 cost sharing for Tier 1 insulin in ConnectorCare
	Reductions in ConnectorCare Cost Sharing for PCP Sick Visits and Mental Health Outpatient Visits	Reduce PCP sick visit copays to \$0, which helps reduce care management access barriers for members with chronic conditions; mirror \$0 for mental health outpatient visits for parity
	Reductions in ConnectorCare Cost Sharing for Certain Conditions	Provide \$0 cost sharing for commonly used medications for diabetes (non-insulin), coronary artery disease, hypertension, and asthma

Making the Enrollment Process Easier

Simple Sign-up Initiative on State Tax Return

- This year the Health Connector, in conjunction with DOR, was able to implement its first round of our Simple Sign-up initiative, made possible in the FY22 budget
- New language on the state 2021 tax form provided individuals with the opportunity to request to receive information from the Health Connector about financial help and health insurance coverage options they may be eligible for through the Health Connector
- More than 15,000 households selected this option when filing their taxes and the Health Connector has been working to message them over the course of the last few months
- Will provide additional metrics on program outreach and conversion as it becomes available.

You might be eligible for low- or no-cost health insurance coverage.

If you (and/or your spouse, if married filing jointly) do not have health insurance coverage, you might be eligible for health insurance coverage programs made available by the Commonwealth of Massachusetts. By filling in the oval below, you authorize DOR to share information from your tax return and attached schedules with the Health Connector. If you are married filing jointly, both spouses must check the box for the Health Connector to receive all of your information. The Health Connector will assess your eligibility for those coverage options, including low- or no-cost coverage, and contact you with information. See instructions.

You: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

Spouse: I authorize DOR to share this tax return including attached schedules with the Massachusetts Health Connector for the purpose of assessing my eligibility for insurance affordability programs and contacting me with information about the same.

\$0 Auto Enrollment

- Newly added option on application allows members to elect to be enrolled into a \$0 monthly premium plan automatically, should they become eligible in the future

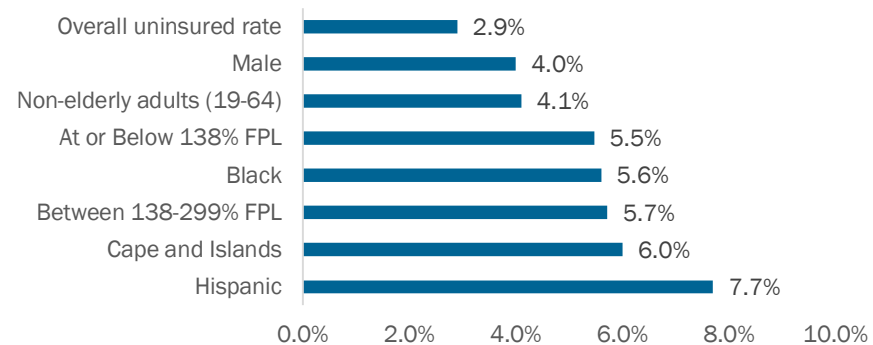
Data-Driven and Evidence-Based Outreach Strategies

The Health Connector continually analyzes data on Massachusetts residents to inform the best ways to reach specific sub-populations and communities at highest risk for uninsurance.

- **Demographic data:** Data on health coverage in Massachusetts indicate that sub-populations with higher proportions of uninsured residents continue to be men, non-elderly adults, low income, and people of color
- **Geographic data:** CCA prioritizes outreach, marketing, and assistance by zip codes to target communities with the most uninsured individuals
- **Testing communications:** CCA collaborates with academics and expert vendors to test messaging and communications interventions to identify the most successful outreach approaches

In addition, the Health Connector is undertaking a full evaluation and refresh of its outreach, community engagement, and community presence work over the next few months to inform future work

Prevalence of high uninsurance among Massachusetts residents by select demographic characteristics, 2019



Choose your plan now to enroll in insurance coverage for [Month] 1

Dear [Name],

Congratulations! You qualify for free or lowest ConnectorCare health coverage through the Massachusetts Health Connector. Here are your next steps for enrolling in your new ConnectorCare plan.

- Compare your plan choices**
All ConnectorCare plans have the same low out-of-pocket costs. The plans have different monthly premium costs. ConnectorCare plans may also have different providers in their networks. Providers include doctors, hospitals and health centers. There may also cover different ConnectorCare services. To see specialties and hospitals in the plan, go to www.mass.gov/info-details/connectorcare-plans.
- Use the "Choose a plan" form to tell us the plan you want**
Look at the back of this letter to see your ConnectorCare plan choices and monthly premiums. Put an "X" next to the plan you want. Sign the bottom of the form. Please read the Terms and Conditions for Enrolling in ConnectorCare plan before you sign.
- Enroll with the "Choose a plan" form on online, by phone or in person**
 - Send us your "Choose a plan" form in the pre-paid envelope we sent with this letter. To ship your plan to [Month], you will need to mail the form by **[Month] 20**.
 - To enroll online, register or call us your account at www.mass.gov/info-details/connectorcare-plans.
 - If you need help or want to enroll by phone, call the Massachusetts Health Connector at 1-877-624-6111 (TDD) 1-877-624-6111 (Voice) or 1-800-352-1100.
 - If you want to enroll in person, you can find a Navigator or Certified Application Counselor in your area at www.mass.gov/info-details/connectorcare-plans.
- Make your first premium payment**
 - If you choose a plan with a monthly premium of \$0, skip this step. Your enrollment will start and you can begin to use your coverage on [Month].
 - If your plan has a monthly premium cost, you will need to pay your first premium before your coverage starts. You can pay in cash or money order the amount of your new premium in the envelope with your form. Or you will get an enrollment kit in the mail. To see coverage that starts in [Month] you need to pay your premium by **[Month] 20**.

Thank you,
Massachusetts Health Connector

Choose a plan

- Completely fill in one of the boxes in the "Enroll" column below with an "X" like this:
- Sign your name at the bottom.
- Use the pre-paid envelope to send this letter back to the Health Connector.

Insurer	Monthly premium	Enroll (choose one)
[Insurer name]	\$0	<input type="checkbox"/>
[Insurer name]	\$30	<input type="checkbox"/>
[Insurer name]	\$45	<input type="checkbox"/>
[Insurer name]	\$60	<input type="checkbox"/>

By signing below, you agree that you have read and agree with the above Terms and Conditions of Enrollment, and that you are choosing to enroll in the Plan you have selected.

Signature: _____ Date: _____

Mail this completed form in the pre-paid envelope to the address below. You may need to make a trip for your receipt.

The Health Connector
125 Portland Street, 11
Boston, MA 02114-0008

[Signature Name] _____ DOB: [MM/DD/YYYY]
[Address line 1] _____ FOLIO: [XXXXXXXXXX]
[Address line 2] _____
[City, State, ZIP code]

Outreach Initiatives and Member Supports

The Health Connector creates visibility opportunities in underinsured communities while continuing to provide meaningful support to applicants and members across the Commonwealth.

- The Health Connector engages in high visibility events, including creative activities in underinsured communities across the Commonwealth throughout Open Enrollment and the remainder of the year
- This year, the Health Connector has the opportunity to leverage the World Cup Soccer tournament to reach a primary uninsured audience
- The Health Connector created a first-in-the-nation partnership with the Massachusetts Cultural Council as part of the council's work to illustrate the healthy benefits of arts and cultural experiences, though its impact was blunted by pandemic gathering restrictions
 - Starting Jan. 1, 2020, Health Connector members have access to low-cost and free admission to Mass. Cultural Council member institutions across the state,
 - The Council provides information to artists and member institutions who may benefit from Health Connector coverage both as individuals and small businesses
- In conjunction with the Executive Office of Health and Human Services and SEIU 1199, the Health Connector is providing enrollment and retention support to all personal care attendants
 - Health Connector staff will help all PCAs transition between coverage types as necessary, support requests for documentation, and provide assistance in other areas for union members

Outreach Initiatives and Member Supports Continued

The Health Connector fosters a strong network of community-based partners who provide on-the-ground, direct-to-consumer interactions to help state residents obtain and maintain coverage.

Navigators

- Navigators are trusted local organizations that help members maintain coverage, provide public education about OE and the individual mandate, and provide application and enrollment assistance
- Health Connector survey data suggests high satisfaction with Navigators among Health Connector enrollees, with 90.4 percent of non-group members who worked with one reporting satisfaction
- Often members of the community themselves, Navigators bring a unique, local perspective to their work that is essential to their success
- Nineteen Navigator organizations currently have grant funding to serve members and applicants

Certified Application Counselors

- Certified Application Counselors are available statewide to assist individuals and families in completing applications, shopping and enrolling in Health insurance coverage

Customer Interaction Centers

- Beginning in December 2021, CICs reopened for the first time since the start of the pandemic in Boston and later Springfield and Worcester
- These three community-based centers provide in-person supports for application and enrollment assistance and also assist with the processing of payment and paperwork

Small Group Assistance

- The Health Connector also partners with over 300 Health Connector certified brokers to provide small businesses with access to trusted partners to help them and their employees navigate small group health and dental insurance



Looking Forward

Federal Public Health Emergency and Continuous Coverage Requirements

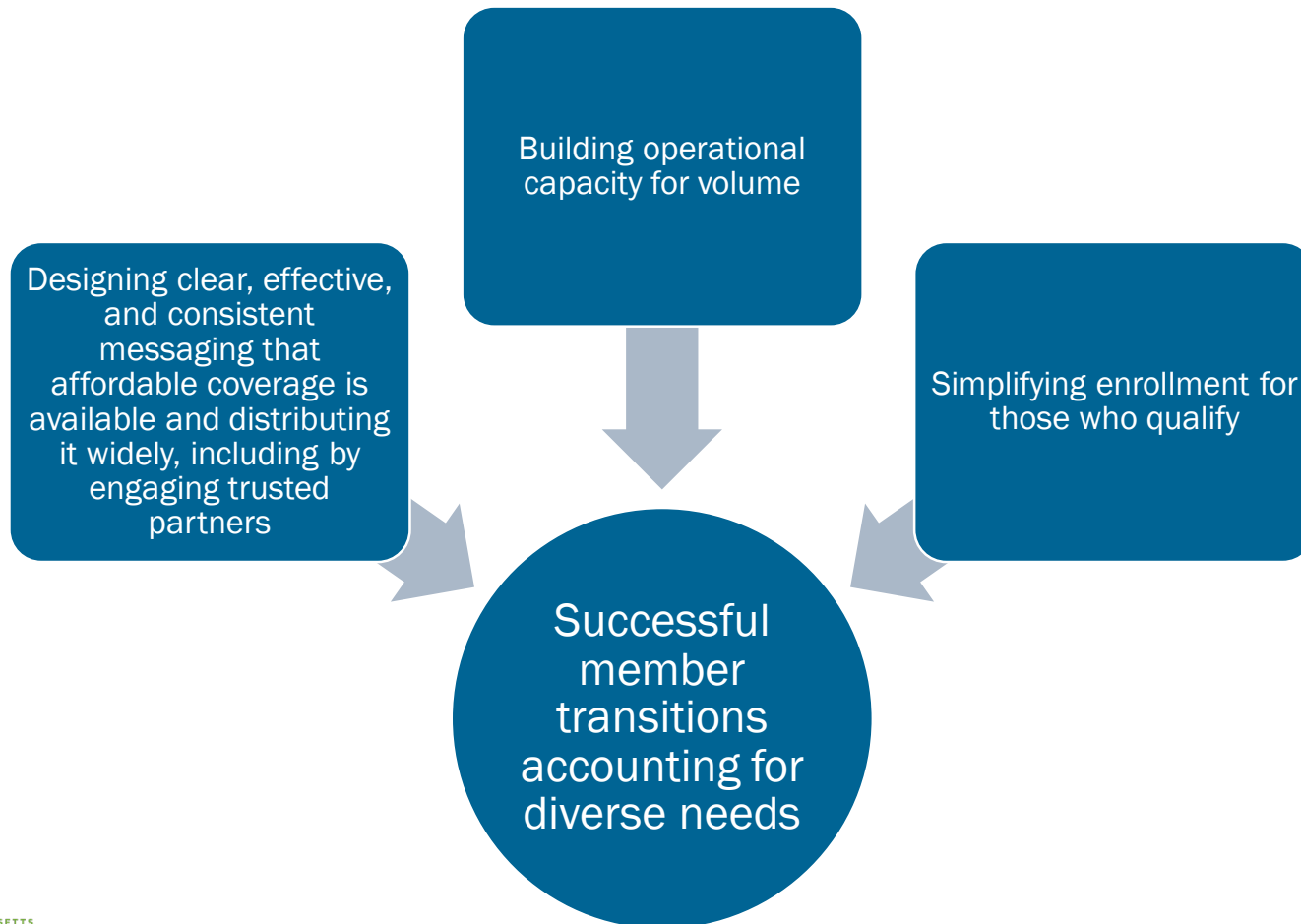
A recent federal law will sunset continuous coverage requirements in Medicaid programs nationwide this spring.

- The Families First Coronavirus Relief Act (FFCRA) directed Medicaid agencies to keep all enrollees covered for the duration of the PHE, including individuals who report eligibility changes that would normally qualify them for Health Connector coverage
- A recent federal law has de-linked these protections with the federal PHE
- Starting this spring, MassHealth must renew its entire 2.3M member caseload over the course of 12 months, including nearly 780,000 members who are currently being protected in a benefit other than the one HIX would have awarded in the absence of these protections
- The Health Connector expects that hundreds of thousands of individuals who are currently enrolled in MassHealth will become eligible for coverage through the Health Connector during this process
- Health Connector staff have been reviewing internal operations and processes, and drafting external and member-facing communications in preparation for the end of the public health emergency, while simultaneously coordinating with MassHealth to ensure a seamless member transition

Preparing for the End of Medicaid

“Maintenance of Effort”: Areas of Work

The Health Connector has organized its preparations around three areas of focus to make sure individuals know affordable coverage is available and experience as little hassle to obtain it as possible.



Looking Forward

The Health Connector remains committed to supporting current members and those transitioning to Exchange coverage when MassHealth conducts its redetermination process, while maintaining and strengthening its role to increase access to quality health care and ensure affordability for residents of the Commonwealth.

- CCA is currently conducting an internal audit to identify undue member-facing administrative burdens and areas of flexibility to make the member experience more seamless and reduce unnecessary uninsurance
- CCA continues to leverage existing policy tools to increase equity among members and expand carrier and network options to residents across the Commonwealth

Questions?

