

*Request for Information:
Seal of Approval 2023 Policy Development*



**Commonwealth Health Insurance Connector Authority
100 City Hall Plaza
Boston, Massachusetts 02108**

**Request for Information
Seal of Approval 2023 Policy Development**

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Section 1.0 Introduction

1.1 Background

The Health Connector is a body politic and corporate and a public instrumentality of the Commonwealth of Massachusetts (the Commonwealth). It was established pursuant to the Massachusetts landmark health reform law, Chapter 58 of the Acts of 2006. 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 (Exchange) for the Commonwealth.

The Affordable Care Act (ACA) specifies minimum Qualified Health Plan (QHP) certification standards that Exchanges must apply in certifying plans for participation through the Exchange. The ACA also allows Exchanges to establish additional QHP criteria that are deemed to be in the best interest of individuals and small employers in the Commonwealth. Through this “Seal of Approval” (SOA) process, the Health Connector, in collaboration with the Division of Insurance (DOI), ensures that all plans certified as QHPs meet necessary state and federal requirements. The Health Connector sets policy priorities in the SOA that health insurance carriers must meet in order to receive QHP certification, guided by the Health Connector’s strategic goals, notably advancing health equity by promoting robust coverage of services, affordable cost-sharing, and access to a broad range of providers.

The Health Connector issues an SOA Request for Responses (RFR) each March to solicit QHP submissions from health insurance carriers for consideration for the upcoming plan year. This Request for Information (RFI) is distinct from that RFR process and is for policy development and Exchange strategy purposes only. The Health Connector expects to release the Plan Year 2023 RFR in March 2022, consistent with prior years.

1.2 RFI Purpose and Structure

The purpose of this RFI is to seek information from stakeholders and the public about (1) coverage priorities in the areas of maternal health, behavioral health, and gender-affirming care, (2) Value-based Insurance Design (VBID) plan features to promote health equity and ease the burden of cost-sharing, and (3) possible changes to the ConnectorCare program for individuals under 300% of the Federal Poverty Level, for the 2023 Plan Year and beyond. All organizations interested in responding to this RFI must indicate the topic(s) (listed at Sections 1.2.1, 1.2.2., & 1.2.3) to which their submission is responding and provide the responding organization’s name and primary contact person, including the primary contact’s e-mail address and phone number.

1.2.1 Coverage Priorities

The Health Connector is committed to ensuring QHPs offer a wide array of covered benefits so members can access the services they need. To inform future SOA priorities, the Health Connector seeks feedback regarding equity considerations, covered benefits, and cost-sharing design. Specifically, respondents are encouraged to respond to questions about maternal health coverage; behavioral health and substance use disorder; and gender-affirming care, in addition to other recommendations from respondents. The Health Connector seeks broad feedback on equity in product design, as well as on this set of specific topics as they are areas with clearly documented disparities in health outcomes and align with statewide health policy priorities.

The Health Connector welcomes comments regarding how coverage can support closing gaps in maternal health outcomes. Women of color have higher rates of maternal mortality, are less likely to receive appropriate prenatal care, and are more likely to report postpartum depression. Nationally, the Centers for Disease Control and Prevention (CDC) reported that Black women are three times more likely to die from a pregnancy-related cause than White women. The Massachusetts Department of Public Health (DPH) reported that 69% of Black mothers, 78% of Hispanic mothers, and 83% of Asian mothers received appropriate prenatal care compared to 85% of White mothers. MA DPH also reported that Asian, Hispanic, and Black women in Massachusetts have consistently higher rates of postpartum depression than White women, and in all cases, the rate is more than double that of White women.¹

The Health Connector also welcomes comments on future behavioral health and substance use disorder coverage policies. Behavioral health inequities have been identified among individuals with minority racial status. National data indicate that racial and ethnic minorities have less access to behavioral health care and medication than other groups, and when they are able to access care, it is of lower quality.² They are less likely to access community-based mental health care and more likely to be hospitalized and visit the emergency room for mental health needs.³ Within psychiatry, it has been shown that racial minorities are less likely to achieve symptom remission and are more likely to be chronically impaired given a mental health diagnosis.⁴ MA DPH reported that opioid-related overdose deaths increased for Hispanic and Black non-Hispanic communities between 2018 and 2020, a trend that is projected to continue for 2021. Additionally, a 2021 NIH study found that Non-Hispanic Black individuals in four U.S. states

¹ Sources: MA DPH (2017): <https://www.mass.gov/service-details/2017-state-health-assessment>; CDC (2021): <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>

² Sources: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5895177/>; [https://www.jaacap.org/article/S0890-8567\(12\)00287-0/fulltext](https://www.jaacap.org/article/S0890-8567(12)00287-0/fulltext)

³ Source: https://www.ncsl.org/Portals/1/HTML_LargeReports/DisparitiesBehHealth_Final.htm

⁴ Source: https://www.mededportal.org/doi/10.15766/mep_2374-8265.10618

experienced a 38% increase in the rate of opioid overdose deaths from 2018 to 2019, while the rates for other race and ethnicity groups held steady or decreased.⁵

In coordination with the MA Division of Insurance, the Health Connector is also interested in responses regarding the availability of gender-affirming care in Massachusetts as national research shows transgender individuals face barriers to care and have poorer health outcomes than the general population.⁶

All organizations interested in responding to this RFI should answer the following questions:

1. What areas of health equity should the Health Connector prioritize as it considers future approaches to health coverage?
2. What steps should the Health Connector take to improve racial disparities in maternal health outcomes?
 - a. What covered services, provider types, or actions should the Health Connector consider to make improvements in maternal health outcomes?
 - b. The Health Connector is considering requiring its QHPs to cover doula services in the future. The following questions intend to solicit feedback to inform this consideration.
 - i. If the responding organization is a health insurance carrier, does the organization currently cover doula services? If yes, please describe covered doula services including any applicable cost sharing or utilization review criteria. For example, are prenatal, labor, and/or postpartum doula services covered?
 - ii. If the organization does not cover independent doulas, are doula services covered if part of a maternity hospital stay? What barriers exist that prevent doula coverage?
3. What steps should the Health Connector prioritize to improve behavioral health coverage and access to integrated mental health and substance use disorder services and alignment with the Commonwealth's [Executive Office of Health and Human Services Roadmap for Behavioral Health Reform](#)?
 - a. What covered services, provider types, or actions should the Health Connector consider to advance behavioral health coverage and access to integrated mental health and substance use disorder treatment?

⁵ Sources: NIH (2021): <https://www.nih.gov/news-events/news-releases/disparities-opioid-overdose-deaths-continue-worsen-black-people-study-suggests>; MA DPH (2021): <https://www.mass.gov/lists/current-opioid-statistics>

⁶ Sources: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5627670/>; CAP (2021): <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>

- b. What services, provider types, or actions should be considered to address emergency room psychiatric boarding of patients as they await appropriate behavioral health treatment and settings?
 - c. How should the Health Connector encourage the inclusion of Community Behavioral Health Centers (CBHCs) in health insurance carriers' behavioral health networks and promote health insurance carrier utilization of the CBHC behavioral health crisis services?
 - d. Should the Health Connector consider requiring its QHPs to cover recovery coaches and certified peer specialists in the future?
 - i. If the responding organization is a health insurance carrier, does the organization currently cover recovery coaches and certified peer specialists? If the organization does not cover recovery coaches or certified peer specialists, what barriers exist that prevent coverage?
4. What steps should the Health Connector take to improve gender-affirming care coverage and access?
- a. What covered services, provider types, or actions should the Health Connector consider to advance gender-affirming care coverage and access?
 - b. What barriers do members enrolled in QHPs face when trying to access gender-affirming care?
 - c. If the responding organization is a health insurance carrier, what services are currently covered in QHPs and programs available to promote gender-affirming care? Please include any applicable cost sharing or utilization review criteria associated with covered services.

1.2.2 Value-based Insurance Design (VBID)

As part of its mission to encourage the expansion of innovation in the design of high value health insurance products, the Health Connector seeks feedback regarding conditions and services to prioritize for future VBID programs in the SOA – meaning that coverage would reduce or eliminate cost sharing for services of particularly high value or importance, when cost related barriers to those services are understood to be harmful or problematic from an equity or population health perspective. To date, the Health Connector's required VBID initiatives include zero-dollar cost-sharing for Medication-assisted Treatment (MAT) and associated services, as well as opioid antagonists, in the ConnectorCare program, as well as a requirement that all standardized plans offer at least one of each type of insulin at Tier 1 cost-sharing in both syringe/vial and pen injector formulation. In addition to these required features, health insurance carriers are encouraged to offer VBID elements of their own design while staying within standardized plan design parameters.

All organizations interested in responding to this RFI should answer the following questions:

1. What improvements should the Health Connector make to its existing opioid use disorder care requirement?
2. What improvements should the Health Connector make to its existing Tier 1 insulin requirement?
3. What chronic conditions should the Health Connector consider as priorities for future VBID initiatives?
 - a. Please describe the organization's proposed changes to specific covered services, cost-sharing, or prescription drugs as part of the organization's response.
 - b. Should the Health Connector consider zero-dollar cost-sharing for the organization's recommended priorities in the ConnectorCare program? If yes, which services or prescription drugs should be priorities for zero-dollar cost-sharing?

1.2.3 ConnectorCare

The ConnectorCare program includes a subset of the health insurance carriers offering coverage through the Exchange and serves three-quarters of the Health Connector's membership and 59 percent of the total Massachusetts individual insurance market⁷. In an effort to ensure the program is sustainable for the long term and ensures meaningful and equitable access to Massachusetts's health care system, the Health Connector seeks feedback on possible program changes in response to the Health Connector's strategic ConnectorCare goals, which include growing carrier participation; maintaining robust and equitable provider network access; and preserving affordability.

All organizations interested in responding to this RFI should answer the following questions:

1. What changes should the Health Connector consider to improve the ConnectorCare program, and to reduce inequities in health access and outcomes specifically, in addition to those discussed in the previous sections?
2. Currently, five of the nine health insurance carriers selling QHPs on the Exchange also participate in the ConnectorCare program.
 - a. How has your organization observed the impact of not having full on-Exchange market participation in the ConnectorCare program? What impact does it have on

⁷ Source: CHIA Enrollment Trends, September 2021 (data through June 2021).
<https://www.chiamass.gov/assets/Uploads/enrollment/monthly-summaries/Enrollment-Monitoring-through-June-2021.pdf>

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member experience and on equity within the Massachusetts health coverage landscape?

- b. If the responding organization is a health insurance carrier that does not currently offer ConnectorCare coverage, what impediments does the organization need to resolve in order to participate in the program?
- c. If the responding organization is a health insurance carrier that does currently offer ConnectorCare coverage, what concerns, if any, would the organization have with additional carrier participation?

Section 2.0 General Instructions

2.1 Limitations

This is an RFI issued solely for the purpose of obtaining information for policy development to inform 2023 Seal of Approval priorities. Nothing in this RFI shall be interpreted as a commitment to grant a Seal of Approval award. Nothing in this RFI shall be interpreted as a commitment on the part of the Health Connector to enter into a contract with any respondent or to undertake any procurements.

2.2 Date Posted

This RFI has been posted on December 20, 2021.

2.3 Respondents Questions

Respondents can submit clarifying questions to the Health Connector via email to connector.rfp.questions@mass.gov by January 5, 2022 at 5:00pm (Eastern Standard Time). All questions must be submitted in writing via email. The Health Connector will not accept any verbal questions. The Health Connector will post answers to questions via Commbuys by 5:00pm (Eastern Standard Time) on January 10, 2022.

2.4 Final Response Submission

Final response must be sent via email. Complete responses must be submitted by 5:00pm (Eastern Standard Time) on January 21, 2022. Electronic submissions should be sent to connector.rfp.questions@mass.gov.

Timeline

- RFI Released – December 20, 2021
- Respondent Questions Due – January 5, 2022
- The Health Connector Returns Responses to Respondents' Questions – January 10, 2022
- Final Responses Due – January 21, 2022

2.5 Additional Information

The Health Connector may seek to request additional information from respondents. The Health Connector may request further explanation or clarification from any and all respondents during the review process. The Health Connector may issue a request for proposal (RFP) or other

solicitation based in part on some of the information that it receives from respondents to this RFI.

2.6 Costs

By submitting a response, respondents agree that any cost incurred in responding to this RFI, or in support of activities associated with this RFI, shall be the sole responsibility of respondent. The Health Connector shall not be held responsible for any costs incurred by respondents in preparing their respective responses to this RFI.

2.7 Review Rights

Responses to this RFI may be reviewed and evaluated by any person(s) at the discretion of the Health Connector, including independent consultants retained by the Health Connector now or in the future.

2.8 Public Record

If and when the Health Connector adopts a policy regarding the matters addressed in this RFI, any written documents submitted in connection with a response to this RFI will be public record under the Commonwealth's Public Records Law, M.G.L c. 6, § 10, regardless of confidentiality notices set forth on such writings to the contrary.