ACA LEARNING SERIES
Impact on Massachusetts & Implementation Activities to Date

Massachusetts Health Care Training Forum (MTF)

July 2013

A collaborative effort between the Executive Office of Health and Human Services and the Health Connector
Agenda

- ACA Subsidized Coverage Options Update and Eligibility Criteria
- Coverage Effective Date
- Member Transition
- Noticing Redesign
- Consumer Assistance Resources
ACA Subsidized Coverage Options Updates
ACA Subsidized Insurance Coverage

- **$400\%$:** Qualified Health Plan (QHP) (Subsidized at ACA levels)
- **$300\%$:** QHP
  - With additional state subsidy
- **$133\%$:** Lawfully Present ages 21+ (AWSS) (Alternative Benefits Plan)
  - Equivalent to Standard
- **$0\%$:** Medicaid
  - ABP 1
  - MassHealth CarePlus
    - Essential Health Benefits

MassHealth Expansion (not currently eligible for Standard)
Coverage Types Under ACA in MA

- **MassHealth**
  - Standard
  - CommonHealth
  - CarePlus
  - Family Assistance
  - Small Business Employee Premium Assistance
  - Limited
  - CMSP

- **Health Connector**
  - Qualified Health Plan (QHP) only
  - QHP with Premium Tax Credit
  - QHP with “Premium Tax Credits & Cost Sharing Reductions” (CSRs)
  - ConnectorCare plans (QHPs which include additional state subsidies)

- **Health Safety Net**
MassHealth Alternative Benefit Plans

- The ACA requires states to enroll Medicaid expansion adults up to 133% FPL in an Alternative Benefit Plan (ABP).
- MassHealth plans to offer two different Alternative Benefit Plans (ABP) for childless adults up to 133% FPL:
  - “Alternative Benefit Plan 1” will be equivalent to MassHealth Standard and will target:
    - 19 and 20-year olds
    - Individuals receiving services through the Department of Mental Health (DMH) or on a waiting list for DMH services
    - Individuals otherwise eligible for the Breast and Cervical Cancer Treatment Program and HIV positive individuals
“MassHealth CarePlus” is a new benefit plan for 21-64 year olds.

MassHealth CarePlus will include the Essential Health Benefits and will be similar to Commonwealth Care or MassHealth Family Assistance + non-emergency medical transportation.

Members will enroll with managed care plans procured by MassHealth:
  - EOHHS released this RFR on Comm-PASS in June for coverage effective January 1, 2014.
Many of the programs that have been part of the patchwork of state health reform over the years will no longer be necessary because enrollees can transition to the ACA program types (MassHealth Standard, MassHealth CarePlus, QHP with Subsidies, and ConnectorCare plans).

The plans that will be discontinued are:

- MassHealth Basic
- MassHealth Essential
- Medical Security Plan
- Commonwealth Care
- Insurance Partnership

All the above mentioned populations will be eligible for new programs under the ACA with similar or richer benefits as compared with the benefits they receive today.
The Health Connector will offer subsidized qualified health plans (QHP) to those with incomes between 134% - 400% FPL (including certain AWSS 0-133% FPL not eligible for MassHealth).

**Federal Subsidies (0% to 400% FPL)**
- Premium Tax Credits up to 400% FPL
- Cost Sharing Reductions up to 250% FPL

**Additional State Subsidies (0 - 300% FPL)**
- State Subsidies up to 300% FPL
ACA provides eligible individuals with premium tax credits and cost-sharing reductions to apply toward the purchase of a Qualified Health Plan (QHP) offered exclusively through the Health Connector. There are also additional state subsidies available to qualifying individuals.

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<tr>
<th>Affordability Option</th>
<th>What they are</th>
<th>Eligibility *</th>
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<tr>
<td>Premium Tax Credit</td>
<td>These tax credits are advanced payments that are applied to a health plan’s premium to reduce the cost for an individual/family. They can only be applied to plans offered by the Health Connector.</td>
<td>0 - 400% FPL**</td>
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<tr>
<td>Cost-sharing Reductions</td>
<td>These are a form of financial assistance to support out-of-pocket costs like deductibles, coinsurance and co-pays. (Monthly premiums are not part of cost-sharing.) They can only be applied to plans offered by the Health Connector.</td>
<td>0 - 250% FPL**</td>
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<tr>
<td>MA Premium and Cost-sharing Subsidies</td>
<td>This is additional financial assistance to reduce monthly premiums and out-of-pocket costs and are applied to ConnectorCare Plans made available only through the Health Connector.</td>
<td>0 - 300% FPL**</td>
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*will be determined based on an individual’s/family’s modified adjusted gross income (MAGI)    **Includes lawfully present AWSS from 0-133% FPL
In June, the Health Connector Board issued *conditional Seal of Approval* for health and dental benefit plans to be offered through the Health Connector in 2014.

All plans that received the conditional SoA will be considered for the award of final SoA in September, which requires successful fulfillment of all applicable Department Of Insurance (DOI) requirements as well as final approval by the Board.
The final SoA will also incorporate selection of ConnectorCare Plans

- ConnectorCare Plans are selected based on price competition among the lowest-cost Silver Plans proposed by each Issuer.
- DOI and Health Connector staff will validate the lowest cost Silver Plan from each QHP Issuer.
- Health Connector Board will select up to five health insurance carriers per region to offer ConnectorCare Plans to qualified individuals.
Using the Health Insurance Exchange Integrated Eligibility System (HIX/IES)
Using the Health Insurance Exchange Integrated Eligibility System (HIX/IES)

- Who can use it?
  - All Massachusetts residents seeking insurance: MassHealth, QHPs for Individuals, Families or Small Businesses (with or without subsidy)

- How can it be accessed?
  - Online at MAhealthconnector.org

- When?
  - Launch in October 2013 for January 1, 2014, coverage
    - Applicants seeking immediate coverage between October and December 2013 may apply using current processes
Eligibility Criteria
Eligibility Criteria

- Four eligibility criteria must be verified via data match for **anyone seeking coverage** through MAhealthconnector.org (subsidized or unsubsidized).

1) **Citizenship or Immigration status:** This verifies that the applicant is a citizen, national or non-citizen who is lawfully present.

2) **Incarceration status:** This verifies that the applicant is not incarcerated.

3) **Residency:** This verifies that the applicant is a resident or intends to reside in the state.

4) **Indian Status:** There will be special cost sharing rules for American Indians and Alaska Natives (AI/ANs) enrolling in coverage through Mahealthconnector.org.
Eligibility Criteria (cont’d)

- Additional criteria must be verified via data match for anyone seeking subsidized coverage for MassHealth or Premium Tax Credits and CSRs

5) Income and Family Size: Must determine countable income and family size based on Modified Adjusted Gross Income (MAGI), that factors in IRS income tax rules.

6) Eligible for or enrolled in Government Sponsored Insurance (GSI): MassHealth, Medicare, Veterans benefits etc.

7) Eligible for or enrolled in affordable Employer Sponsored Insurance (ESI): Individuals with access to other insurance that meets affordability and minimum value standards are not eligible for PTC.

- State and federal data matches will verify eligibility criteria. If data sources cannot confirm eligibility, documentation will be requested.
# Differences between MH and Health Connector Policies and Procedures

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<tr>
<th>Household Composition</th>
<th><strong>MassHealth</strong></th>
<th><strong>Health Connector</strong></th>
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<tr>
<td>Medicaid/CHIP uses Medicaid MAGI Household Tax with some exceptions based on relationships. Medicaid does not require tax filing</td>
<td>Premium Tax Credit/QHP uses Tax Household Tax. Requires federal tax filing and married couples to file jointly.</td>
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<tr>
<th>Income Rules</th>
<th><strong>MassHealth</strong></th>
<th><strong>Health Connector</strong></th>
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<tr>
<td>Medicaid/CHIP requires use of current, monthly income to determine eligibility. Medicaid/CHIP does not count the following types of income:</td>
<td>Premium Tax Credit/QHP requires use of projected annual income to determine eligibility.</td>
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<tr>
<td>- lump sum income (except for month received)</td>
<td>- Premium Tax Credit/QHP counts all taxable income (including lump sum income)</td>
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<td>- scholarships and grants used for educational purposes</td>
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<td>- certain distributions for American Indians and Alaskan Natives</td>
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<th>Incarceration Definition</th>
<th><strong>MassHealth</strong></th>
<th><strong>Health Connector</strong></th>
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<tr>
<td>Medicaid/CHIP – confined but not convicted is <strong>not</strong> eligible</td>
<td>Premium Tax Credit/QHP – confined but not convicted may be eligible.</td>
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<th>Public MEC</th>
<th><strong>MassHealth</strong></th>
<th><strong>Health Connector</strong></th>
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<td>Medicaid/CHIP – Public MEC (i.e., Medicare, TRICARE) is not a disqualifying factor for eligibility.</td>
<td>Premium Tax Credit/QHP – Public MEC (i.e., MassHealth, Medicare, TRICARE) prevents eligibility from Premium Tax Credit.</td>
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<th>Private MEC</th>
<th><strong>MassHealth</strong></th>
<th><strong>Health Connector</strong></th>
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<tr>
<td>Medicaid/CHIP – Access or enrollment in private MEC (i.e., ESI) does not affect eligibility, but is needed for TPL purposes.</td>
<td>Premium Tax Credit/QHP – Access or enrollment in private MEC (i.e., ESI) prevents eligibility for Premium Tax Credit if plan meets Minimum Value requirements and affordability.</td>
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Coverage Effective Date

- When MassHealth or the Health Connector cannot verify information required to confirm eligibility, they must provide 90 days to resolve the inconsistency.
  - During the 90-day period, MassHealth/Health Connector must proceed with the eligibility determination using the attested information and allow for enrollment into MassHealth or a QHP if qualified.

- The initial approvals will be for benefits based upon an applicant’s self-attested circumstances, for up to 90 days.
  - Applicant will receive a Request for Information notice to provide verifications within 90 day period.
Member Transition
Ensuring Seamless Transitions

- **Current Members**
  - It is a top priority for MassHealth and the Health Connector to help ensure a seamless transition to new coverage types.
  - For current members of Commonwealth Care, MassHealth programs, and people receiving services paid for by the Health Safety Net, we will use eligibility information already in our systems to place people in their new MassHealth benefit plan and send them a notice if they are eligible for new Medicaid programs.
    - Will not require members to reapply or provide additional information if we have enough information on file.
  - Current Commonwealth Care, Insurance Partnership, CMSP, and MSP members who may qualify for QHP will be directed to apply through the MAhealthconnector.org.
    - Availability of federal subsidies makes it necessary for members to apply directly.
    - Proactive outreach will help members apply and avoid a gap in coverage.
Ensuring Seamless Transitions (cont’d)

- One-stop shopping through MAhealthconnector.org
  - Launch in October 2013 for January 1, 2014, coverage
  - Option to apply by phone or in person
  - Applicants seeking immediate coverage between October and December 2013 may apply using current processes
## Transition to New Coverage

<table>
<thead>
<tr>
<th>MassHealth</th>
<th>Health Connector</th>
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<tr>
<td>Transitioning members will be seamlessly moved to new coverage types.</td>
<td>Potential QHP with Premium Tax Credit members must apply beginning 10/1/13 for coverage effective 1/1/14.</td>
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<td>□ Includes populations with income $\leq 133%$ FPL:</td>
<td>□ These members will not be automatically moved to a QHP with Premium Tax Credit</td>
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<tr>
<td>- Commonwealth Care</td>
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<td>- MH Essential</td>
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<td>- MH Basic</td>
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<td>- MH Family Assistance for HIV</td>
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<td>- Insurance Partnership</td>
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<td>- HSN</td>
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Noticing Redesign
Noticing Redesign

- MassHealth and the Health Connector are working with the MAXIMUS Center for Health Literacy to:
  - Develop easy-to-read print materials and easy-to-use websites to communicate effectively to applicants/members.

- To do this, Maximus is:
  - Providing guidance to assist with writing notices, advising about formatting, look and feel, and reviewing new notices (as they are drafted) to assess their likely readability and comprehensibility.
  - Field testing new draft notices “one to one” with adults over the age of 18 who have not completed high school, report findings and recommendations.
  - Revising the notices using the field test data to guide revisions and improve readability.
  - Consulting on the readability or usability of print, web and other communication materials.
Draft notices that clearly communicate what a person is eligible for, what is happening with their benefits, what next steps they need to take, where to get help, how to appeal (if denied).

Use language that is understandable to persons with low literacy (plain English) that is clear, direct and precise, and does not evoke an emotional response.

Include required state and federal language (Medicaid and exchange rules, HIPAA) in a manner that is understandable (as little legalese as possible) to persons with low literacy.

Streamline information so that only as few messages as possible are communicated using a logical flow.
Notice Redesign Guiding Principles (cont’d)

- Format content in an inviting manner that utilizes white space, fonts, font size and headlines that allow the reader to more easily assimilate the information in one sitting.

- Develop and format content that is appropriate to the medium or channels – paper, web messages, text, etc.

- Take into consideration the needs of the visually impaired and incorporate rules associated with the Americans with Disabilities Act and other laws.

- Evaluate and consider additional languages for translation of materials.
Maximus Center for Health Literacy

Expertise

- Readability
- Accessibility

- Addressing common barriers to readability
  - Content is poorly organized
  - Reader can’t find the key message
  - Difficult vocabulary
  - Complicated sentences
  - Too many messages / too much text
  - Writer uses passive voice
  - Writing contains bureaucratic or legal references not familiar to readers
Noticing Rules for MAGI populations

- Each adult aged 18 and older will get his or her own notice.

- Notices for children under the age of 18 will be sent to the custodial parent. If both custodial parents are in the household then the notice will be sent to the head of household.

- Requests for verification (VC-1s) will include information on missing verifications for all members of a household, including for mixed households (potential MassHealth and Health Connector members).
Outreach and Education
The ACA keeps Massachusetts moving forward towards making high-quality health care affordable to all of its residents

- Provides significantly enhanced federal resources to cover people already served by the Commonwealth’s health insurance programs
- Makes it easier for many individuals and small employers to find and maintain affordable coverage
- Empowers consumers by promoting transparency and innovation in health insurance
- Supports the transition to care models that save money by providing better care
Outreach Initiatives

- Guided by consistent messaging
- The initiatives are designed to overlap and closely coordinate
Outbound Calling Campaign

The Health Connector plans to launch a comprehensive Outbound Calling Campaign targeting more than 215,000 current and newly eligible Health Connector members transitioning to new coverage models available beginning in 2014.

- This campaign will target existing Health Connector enrollees, including Commonwealth Care, Commonwealth Choice and Business Express members.
  - Will also target individuals transitioning from other programs (e.g., Insurance Partnership, MSP, HSN) and eligible but un-enrolled CommCare individuals.

- Will run from October 1, 2013 through March 31, 2014, in line with the initial Federal Open Enrollment.

- All members (with the exception of some Business Express enrollees) must transition to their new coverage options during this time period or risk gaps in coverage.

- Goals
  - Generate awareness
  - Supplement other outreach efforts
  - Effectuate enrollments whenever possible
Direct Mail & E-mail

In the midst of a current and prospective member e-mail campaign designed to complement and supplement our outbound mailing strategy.

- **E-Mail collection efforts (ongoing)**
  - Will allow for e-mail notifications and reminders to individuals and small businesses about new coverage options available as part of the ACA and the need to re-enroll for current members.

- **Direct mail strategy (August 2013-March 2014)**
  - Leverages current 1.0 notices to include important messages about transitions and new benefits and programs.
  - New mailings will include postcards, inserts, open enrollment packets highlighting new plan options and a “Return to Us” letter.
  - MassHealth will be sending advance letters to transitioning populations explaining they will be mapped to new coverage as a result of ACA.

- All messages will be developed by staff, reviewed by external parties, like MassHealth, consumer advocates, and others whenever possible and finalized by our member communications vendor, Maximus Center for Health Literacy.
Enrollment Assisters & “Road Shows”

- **Enrollment Assisters**
  - Partnering with Brokers, Certified Application Counselors, Navigators and other key partners to provide outreach and education to individuals and small businesses.

- **“Road Shows”**
  - Participate at community outreach events to target individuals and families.
    - A series of “community fairs” in the summer.
    - Prioritize cities and towns with high concentration of uninsured and low-income population.
“Public Information Unit”

- Manage general education and inquiries related to the ACA and the Health Connector.
- Addresses phone and e-mail inquiries and handles legislative/constituent issues.

Distributing a portfolio of collateral materials (brochures, handbooks) to provide information and tools.

- Leverage Health Connector strength in policy and education, seek to address market needs for knowledge, including step-by-step guide to compliance with both ACA and MA law.
- Provide detailed but easy-to-understand explanation of rules and options (e.g., real life scenarios).
Media Campaign

- Paid media campaign will be complemented by earned media and social media presence.

- Create awareness of new ACA benefits and demonstrate Massachusetts' leadership
  - Collaborating with state officials and other key partners, engage the media to talk about reform health success and exciting new changes on the horizon.

- Leverage social media
  - It is flexible, inexpensive and increasingly impactful
  - Actively maintain our Facebook page
  - Establish regular Twitter presence
  - Launch a Google+ identity
  - E-mail and text blast campaign
# Outreach & Education Timeline

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<td>Road shows and other outreach events</td>
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<td><strong>Public Education</strong></td>
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<td>Collateral development and testing</td>
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