



ACA LEARNING SERIES

Impact on Massachusetts & Implementation Activities to Date

Massachusetts Health Care Training Forum (MTF)

October 2012

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

Agenda

2

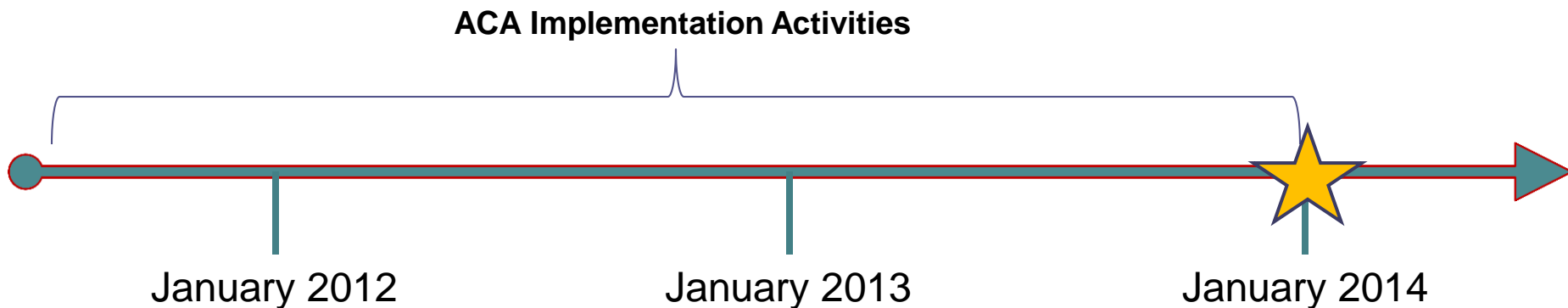
- Guiding Principles
- Health Insurance through Health Insurance Exchange/Integrated Eligibility System (HIX/IES)
- Single Streamlined Application
- Eligibility Criteria
- Redeterminations
- 2013 Open Enrollment Key Dates
- MA Implementation Activities

Massachusetts ACA Learning Series

3

The purpose of this ACA Learning Series is to educate staff who currently assist Commonwealth Care, Commonwealth Choice, MassHealth and Health Safety Net (HSN) members at Massachusetts hospitals, health centers and community-based organizations

- Introduce key concepts and create awareness
- Deliver important, detailed information that will prepare you for assisting populations you serve
- Provide you with specific information and training to help populations obtain coverage



Background: Guiding Principles

4

Creating a **consumer-centric approach** to ensure that all eligible Massachusetts residents avail themselves of available health insurance subsidies to make health care affordable to as many people as possible.

Creating a **single, integrated process** to determine eligibility for the full range of health insurance programs including Medicaid, CHIP, Basic Health Plan and premium tax credits and cost-sharing subsidies.

Offering **appropriate health insurance coverage** to eligible individuals by defining both the populations affected and the health benefits that meet their needs.

Working **within state fiscal realities**, maximizing and leveraging financial resources, such as Federal Financial Participation (FFP).

Background: Guiding Principles

5

Focusing on **simplicity and continuity of coverage** for members by streamlining coverage types, thereby making noticing and explanation of benefits more understandable, and also minimizing disruptions in coverage.

Creating an **efficient administrative infrastructure** that leverages technology and eliminates administrative duplication.

Building off the **lessons learned** since passage of Chapter 58.

Creating opportunities to achieve payment and delivery system reforms that ensure **continued coverage, access and cost containment** and improve the overall health status of the populations served.

**Health Insurance
through Health Insurance Exchange/
Integrated Eligibility System (HIX/IES)**

Who can get health insurance through HIX/IES?

7

□ **Individuals and Families**

○ Subsidized

- Medicaid

- Basic Health Plan (BHP)

- Qualified Health Plan (QHP)

 - With advanced premium tax credits (APTC), and or cost sharing reductions (CSR), and or possible additional state subsidy

○ Unsubsidized

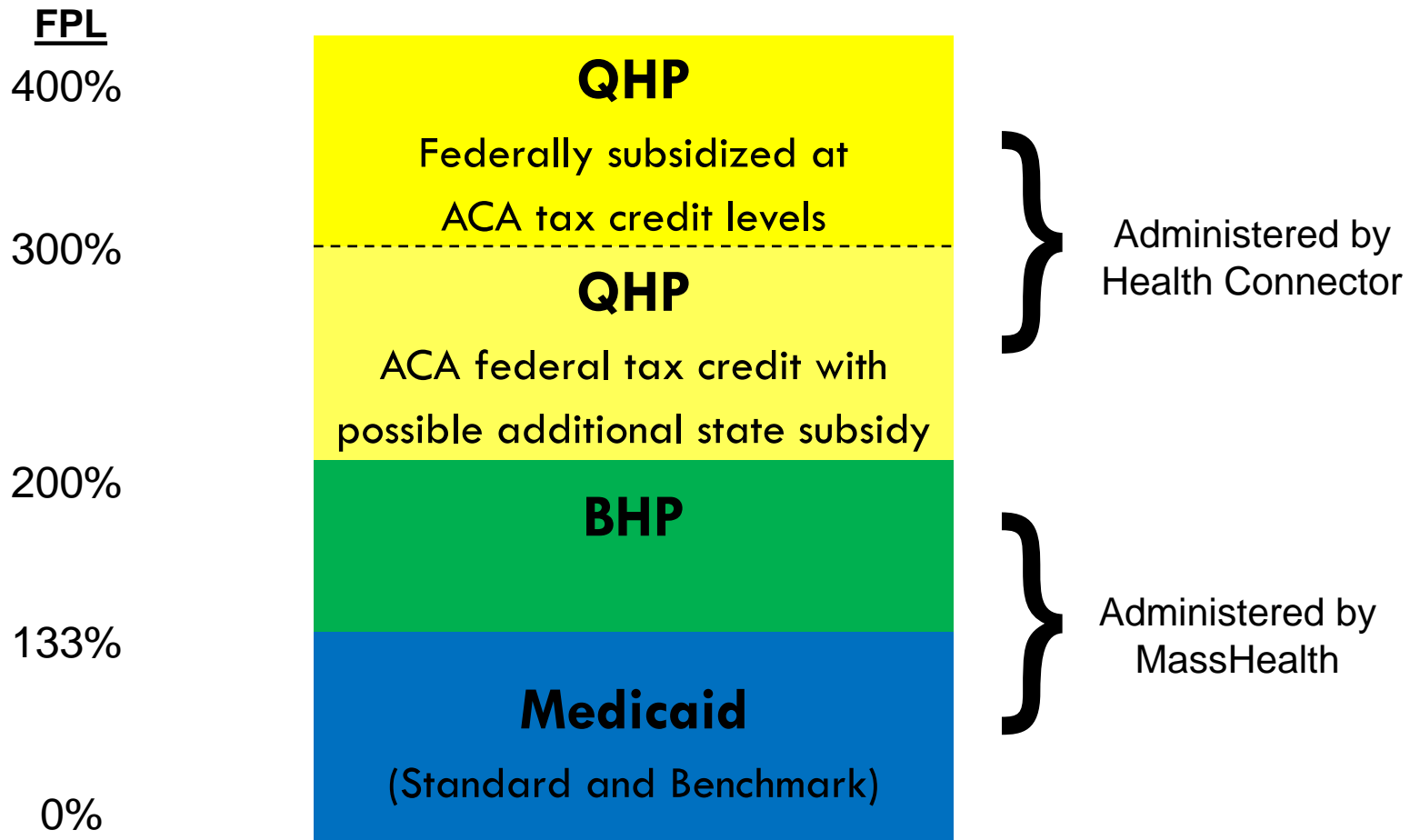
- Qualified Health Plan (QHP)

□ **Options for Small Employers up to 50**

- Qualified Health Plan (QHP)

Subsidized Insurance Coverage for Individuals and Families

8



Proposed coverage model

Unsubsidized Insurance Coverage

9

□ **Individuals and Families**

- Unsubsidized Qualified Health Plans
- Incomes above 400% FPL

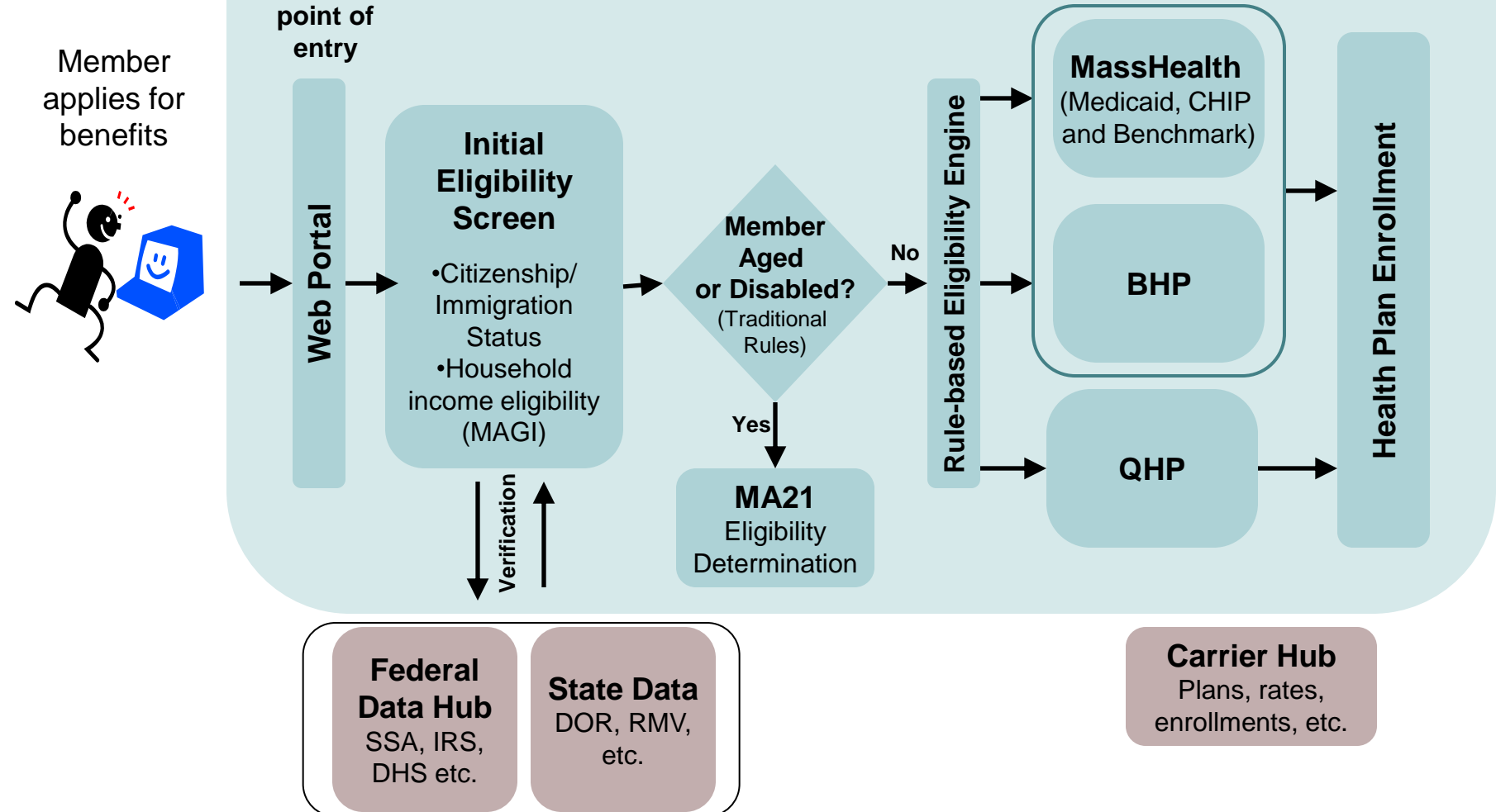
□ **Small Businesses**

- Plans for Employers and Employees
 - employer will be able to pay a portion
- No income requirements
- Availability of Federal Tax Credits (meet certain criteria)
- Wellness Rebate (meet certain criteria)

Single Streamlined Application

High-Level Eligibility Systems Process

11



Single Streamlined Application through HIX/IES

12

The application will be used to determine eligibility for:

- MassHealth or Basic Health Plan (BHP)
- Qualified Health Plans (QHPs)
- QHP with advanced payments of the premium tax credits (APTC)
- QHP with cost sharing reductions

How can the application be filed

- Online (via the web)
- Phone
- Mail
- In person (via the MassHealth Enrollment Centers (MEC), etc.)

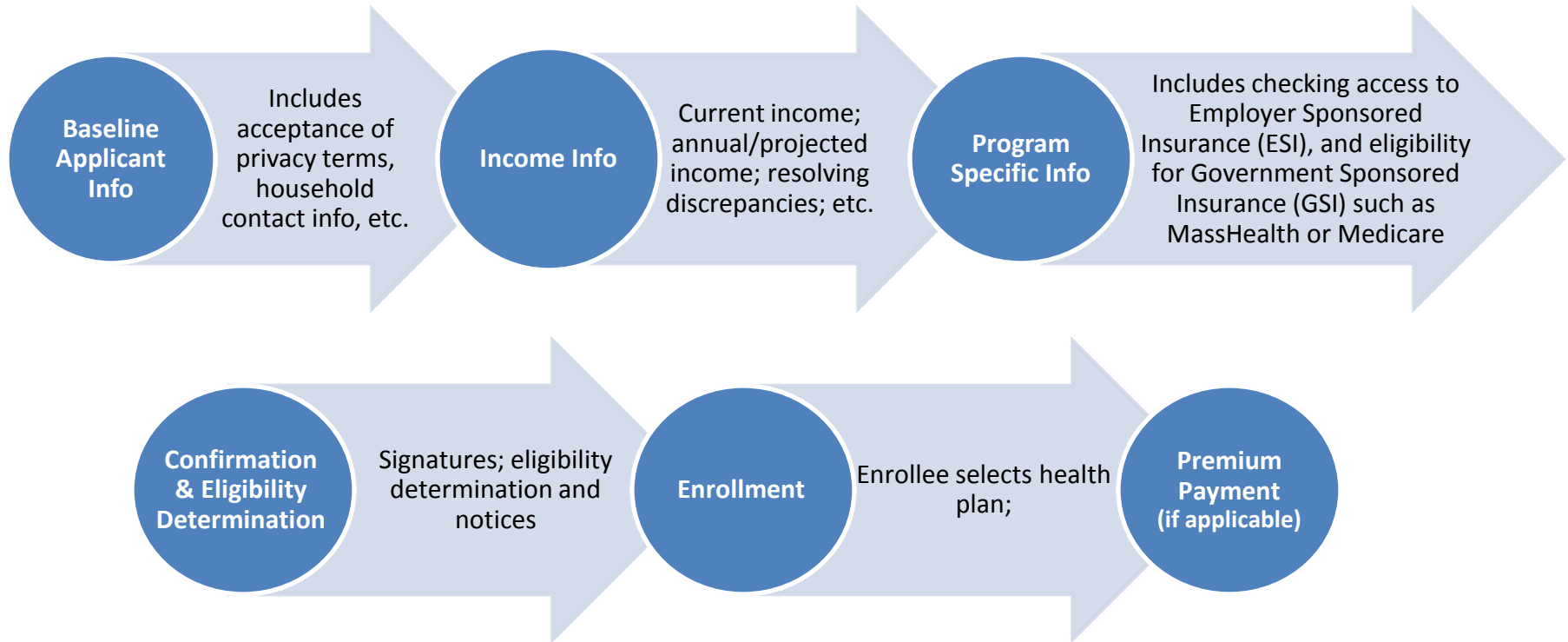
Who can file an application?

- An applicant
- An adult in the applicant's household or family
- Designated representative (including customer service, eligibility representatives etc.)

Eligibility & Enrollment

13

1. Single, streamlined application submitted to HIX/IES
2. The HIX/IES verifies and determines eligibility



Eligibility Criteria

Eligibility Criteria

15

- Three eligibility criteria must be verified via data match for **anyone seeking coverage** through HIX/IES (subsidized or unsubsidized).
 - 1) **Citizenship:** This verifies that the applicant is a citizen, national or non-citizen who is lawfully present. To verify this, HHS will act as a facilitator between the HIX/IES and the Social Security Administration and the Department of Homeland Security through the Federal Data Hub.
 - 2) **Incarceration:** This verifies that the applicant is not incarcerated. It's important for Exchanges to utilize any data sources that are available and approved by HHS.
 - 3) **Residency:** This verifies that the applicant is a resident or intends to reside in the state.

Eligibility Criteria (contd.)

16

- Additional criteria must be verified via data match for anyone seeking subsidized coverage (MassHealth, BHP) or Advanced Premium Tax Credits.
- 4) Indian Status:** There will be special cost sharing rules for American Indians and Alaska Natives (AI/ANs) enrolling in coverage through HIX/IES
- 5) Household / Family Size:** Modified Adjusted Gross Income (MAGI)
- 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):**
Must meet minimum value requirements and be less than or equal to 9.5% of income.
- State and federal data matches will verify eligibility criteria

Redeterminations

17

- The HIX/IES system will create pre-populated renewal forms
- Data will be pulled from state and federal data sources for members to review
- Members must confirm or edit as appropriate
- Additional options being considered for how the member will be notified to complete the renewal – including email, online account management, etc.

2013 Open Enrollment Key Dates

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During an open enrollment period or special enrollment, an eligible individual can enroll in or switch a Qualified Health Plan (QHP)

- Open Enrollment for non-group (individuals and families)
 - Year 1: October 1st, 2013 to March 31st, 2014
 - Enrollment for a January 1, 2014 effective will have a December deadline date (tbd).
 - Subsequent Years: October 15th to December 7th
- Special Enrollment – Throughout the year if an individual or family has a qualifying event (birth, marriage, loss of other insurance, etc.)

Massachusetts Implementation Activities for Subsidized Populations

20

- MassHealth and the Health Connector, along with other state agencies are engaged in analysis and planning around changes to subsidized programs and unsubsidized health insurance options.
- MA has been awarded grants to assess and plan for policy, programs, business operations and IT systems changes. For full a listing of grants received by state government go to: www.mass.gov/nationalhealthreform
- MA must comply with ACA requirements for Exchanges to determine eligibility for and coordinate enrollment in Medicaid, CHIP and state health subsidy programs using:
 - A single, streamlined eligibility form for all programs
 - A “secure, electronic interface”
 - Multiple access points: internet, mail, phone, in person

Massachusetts is fully engaged in implementing national reform and we will keep you updated.