



# Affordable Care Act (ACA) and Exchange Learning Series

Massachusetts Health Care Training Forum (MTF)

## Federal and State Subsidies Questions

- 1. Qualified Health Plans (QHP) vs. Minimum Creditable Coverage (MCC) on all covered benefits. How do these two things relate?**

All QHPs offered through the Health Connector will meet MA Minimum Creditable Coverage (MCC) standards.

- 2. I just would like to know the major differences in eligibility as opposed to what is current.**

The MassHealth (Medicaid) coverage expansion in 2014 will allow more people to be covered by increasing the FPL guideline up to 133% FPL. At the Health Connector (Massachusetts Marketplace) qualified applicants with incomes up to 300% FPL will be eligible for state and federal subsidies and qualified applicants with income between 300% and 400% FPL may qualify for federal subsidies.

- 3. Will Commonwealth Choice be taken away?**

Commonwealth Choice programs will transition into new coverage options called Qualified Health Plans (QHPs). These QHPs will be sold by the Health Connector's marketplace starting on October 1, 2013 for coverage effective January 1, 2014.

People with incomes of up to 400% of the federal poverty level will qualify for new federal subsidies for insurance. So if you are an individual earning up to roughly \$46,000 or a family of four earning roughly up to \$94,000 a year, you may qualify for assistance starting in 2014.

- 4. Will people over 300% of the FPL have any type of affordable access to insurance?**

In 2014, people with incomes up to 400% of the federal poverty level will qualify for new federal subsidies for insurance. So if you are an individual earning roughly up to \$46,000 or a family of four earning roughly up to \$94,000 a year, you may qualify for this new assistance starting in 2014.

**5. Is an individual who is on a Government Sponsored Insurance Plan (GSI) eligible to apply for coverage under the ACA? If so, 133% is the ending and starting point for subsidies under the ACA that is: MassHealth 0 - 133% and Health Connector 133 - 400%? Both share the 133% of the FPL but, how will it be decided who get what benefit?**

Individuals who do not qualify for MassHealth under 133% FPL may qualify for subsidies for the Health Connector starting at 133.1% FPL. Additionally, Individuals who receive one of the new MassHealth benefits may also be on a government sponsored insurance plan. However, individuals who do not meet eligibility for MassHealth (based on income or immigration status) must meet all eligibility rules to qualify for a subsidy through the Health Connector. This means that in addition to the income guidelines, applicants cannot have access government sponsored insurance (Public Minimum Essential Coverage).

**6. I would like to know what these plans will look like: state plans? private plans?**

Details related to the types of plans that are available for purchase at the Health Connector website can be found in the September 12 Board Meeting materials.

**7. What will be available for those over 400%?**

Individuals/families with income over 400% FPL can still apply through the HIX System and shop for coverage if they are deemed eligible. This population with income over 400% FPL will not be eligible for federal and state subsidies.

**8. Will there be a choice to not take an employer's offered insurance?**

If an Employer's single-only plan does not meet minimum value and/or is more than 9.5% of the employee's household income than they could shop at MAhealthconnector.org and possibly qualify for federal and state subsidies.

**9. Will all states have the same minimal coverage?**

All health plans provided through a state marketplace must offer Essential Health Benefits (EHB). The Massachusetts Marketplace plans will meet both the EHB standards as well as the MCC standards.

**10. What about companies who are out of state and their current policies are not creditable coverage or are not taken by local medical providers?**

Individuals who have coverage available to them that does not meet Minimum Essential Coverage may be eligible to purchase subsidized health insurance coverage through the Health Connector as long as they meet all other eligibility requirements.

**11. Will open enrollment still be for those who wish to change plans or will there be just one time of year to enroll in any plan, regardless of circumstances? (lose job, income change, lose or add family member, new to state etc.**

Open enrollment is a specified period during which an individual or employee can enroll in health insurance coverage. Open enrollment does not apply to people enrolling in employer-sponsored health insurance or seeking government-subsidized coverage such as Medicaid, Medicare or TRICARE. There are exceptions, known as Triggering Events, which allow individuals or employees to shop outside of the Open Enrollment Period.

**12. Will people be able to choose the way they want to group themselves to purchase insurance? Another-words could a married couple choose to have individual health plans regardless of how they filed their taxes?**

Yes, they could purchase two separate individual plans, but their eligibility for subsidies would still be based on their household income.

**13. Will the application process allow someone to apply for MassHealth or Health Safety Net without going on to choose a plan? Another-words, can you just apply to get HSN and not go further even if you are eligible to purchase insurance?**

No. An applicant cannot just apply for HSN. They will need to answer all questions and be screened for most comprehensive health insurance coverage.

**14. My experience working with people who are trying to choose a health plan from many options is that it takes a long time and often time to "sleep on it" is needed. Will it be possible for a helper to get them started with the first part of the application and then they finish it on their own assuming they have computer access?**

Yes that is possible with the way that the new system has been set up.

**15. If someone is not 'part of the connector', how will they get health insurance?**

Someone seeking subsidized coverage will have to apply through the Health Connector Marketplace at [www.MAhealthconnector.org](http://www.MAhealthconnector.org).

Those seeking state and federal subsidies will have to enroll a Qualified Health Insurance plan offered by the Health Connector. Those wishing to shop for insurance outside the Marketplace can opt to do so on their own.

**16. If change jobs, therefore change insurances, how will that be communicated?**

Members will be responsible for notifying the Health Connector of changes in income, family size etc.

**17. Will the 2nd lowest silver plan be the same as the current Commonwealth Care benefits?**

Comparable.

**18. If an applicant fills out a subsidized application with parents, and then decides that they will do better separately, how does the applicant change that information?**

During the shopping process the individual can opt to purchase an individual plan. Depending on their eligibility they may receive higher Premium Tax Credits by purchasing their own plan.

**19. What will the differences be between the offerings on the Gold and Bronze, in regards to the Silver plans?**

The tiers (Platinum, Gold, Silver and Bronze) are different based on actuarial value. Platinum 90%AV, Gold 80% AV, Silver 70% AV, and Bronze 60% AV.

**20. If least expensive plan does not meet the patients' needs, what happens?**

The applicant has the option to choose the plan that best suits their needs and in doing so may have to pay a higher premium for coverage.

**21. If must re-enroll in current connector plan before this process is up, will the person have to stay with that plan, or will they be able to change that if eligible for something else or must they wait for the next open enrollment of the current plan?**

The member should have re-enrolled for coverage during the State's Open Enrollment (July 1, 2013- August 15, 2013). Coverage purchased during this period will expire on March 31, 2014. Individuals can apply for coverage with a new Qualified Health Plan during the Federal Open Enrollment period from October 1, 2013 - March 31, 2014. To avoid gaps in coverage current CommCare members must purchase an alternate plan by March 25, 2014.

**22. What happens when a person's income changes during the year? Is there a way to report changes to modify Premium Tax Credits to avoid reconciliation at tax time?**

The member needs to inform the Health Connector of their income change. In the HIX System the member will have the ability to change their Premium Tax Credit disbursement at any time, therefore if their income changes and they want to avoid reconciliation at tax time they can make the necessary adjustment to their premium tax credits.

**23. Yes, on slide 10 where it indicates the 60/40 split. Will that be on Usual and Customary charges or by what the hospital charges? The 60% actuarial value is based on what the plan will cover and what the member will have to pay out of pocket. The plan design which includes, deductible, copays for office visits, co-insurance, etc., will be something an individual and family will review before purchasing.**

**24. How will the outreach, education, eligibility assistance and facilitation process with consumers and their families be accomplished?**

The Health Connector and MassHealth have worked to create a multi-channel Outreach Infrastructure that includes a Media Campaign, Direct Mail, Customer Service, Outbound Calling Campaign, Brokers, Navigators and Certified Application Counselors and Outreach Partners. For more information about this campaign or to find educational material such as brochures visit <http://www.bettermahealthconnector.org/>.