

The federal health care reform law, the Affordable Care Act (ACA), institutes an array of new rules and programs that have significant implications for Massachusetts' health care system. Many of these changes require state legislative or administrative action to comply with the federal law. Other changes will not require such action, but will prompt important policy decisions regarding how state leaders, stakeholders, and the public want Massachusetts health care reform to function within the new federal system. The ACA Tracking Tool identifies state policy decisions related to ACA provisions that may affect health coverage for Massachusetts residents. It is designed for policymakers, advocates and other stakeholders who wish to track when and how state leaders may address policy issues. The tool does not include ACA issues that are purely federal, such as Medicare changes, or topics involving health quality or payment and delivery system reforms. The goal is to provide a basic roadmap and timeline of ACA-related coverage decisions being considered by state leaders.

Governor Patrick has designated the Secretary of Health and Human Services, Dr. JudyAnn Bigby, to coordinate all activities relating to ACA implementation in the Commonwealth. Secretary Bigby established five interagency working groups to gather information and make recommendations to the governor and legislature on implementation policy. The workgroups focus on the following issues: Insurance Reform, Long Term Care/Behavioral Health, Employer, Health Care Workforce, and Subsidized Insurance/Medicaid. These workgroups may conduct hearings or stakeholder sessions to gather public input. There is also an Exchange transition planning structure that consists of six additional work groups. The Secretary conducts quarterly public meetings to share findings and gather feedback about the state's policy directions. The next meeting is *Monday, October 17 at 11:00 a.m.*; information is posted at [mass.gov/nationalhealthreform](http://mass.gov/nationalhealthreform).

*This tracking tool is a living document and will be updated regularly. If you have any suggested additions or corrections, please email Lindsey Tucker at [lindsey.tucker@bcbsma.com](mailto:lindsey.tucker@bcbsma.com).*

#### Columns in the ACA Tracking Tool

**ACA Topic:** Areas of the ACA that require or prompt state action.

**State Decisions:** List of policy decisions that state leaders are considering.

**Background:** Information about the new federal rules and programs pertaining to each issue and their relationship to Massachusetts' current state system, laws, and programs.

**Considerations and Data Sources:** Issues that state leaders must consider when making policy decisions in each area, and data that may inform these decisions.

**State Players:** State bodies that may be involved with each policy decision, depending on state's approach (i.e. policy changes through administrative rule making, through legislation, or a hybrid approach).

**Timing:** Key dates in the process of making the decision.

#### Glossary of State Agencies

Executive Office for Administration and Finance (ANF)  
Executive Office of Health and Human Services (EOHHS)  
Division of Health Care Finance and Policy (DHCFP)  
Division of Unemployment Assistance (DUA)  
Children's Health Insurance Program (CHIP)  
Health Safety Net (HSN)  
Department of Revenue (DOR)  
Division of Insurance (DOI)

ACA Topic	State Decisions	Background	Considerations and Data Sources	State Players	Timing	Status Update					
<b>Medicaid expansion up to 133% of the Federal Poverty Level (FPL)</b>	Determine timeline for transition of current Commonwealth Care (CommCare) enrollees who become eligible for MassHealth (those earning <133% of the federal poverty level (FPL)) <ul style="list-style-type: none"> <li>• Before 2014 or in 2014</li> </ul>	<ul style="list-style-type: none"> <li>• ACA opens Medicaid eligibility to all non-elderly adults earning less than 133% FPL</li> <li>• Enhanced federal reimbursement (Federal Medical Assistance Percentage (FMAP)) for Medicaid becomes available in 2014</li> <li>• ACA allows state to shift this population to Medicaid at any time prior to 2014</li> <li>• MA already covers some of this population in CommCare; others are in other programs or are uninsured</li> </ul>	<ul style="list-style-type: none"> <li>• State budget</li> <li>• Scope of medical benefits for members</li> <li>• Opportunity to streamline programs for members earning &lt;133%</li> <li>• Impact on managed care organizations (MCOs)</li> <li>• Funding for Health Connector given fewer members</li> <li>• Enhanced FMAP does not occur until 2014</li> <li>• 1115 MassHealth waiver</li> <li>• Ability to operationalize these transitions</li> </ul>	<ul style="list-style-type: none"> <li>• MassHealth</li> <li>• Health Connector</li> <li>• ANF</li> <li>• DHCFP</li> <li>• DUA</li> <li>• Interagency workgroup on Subsidized Insurance/Medicaid (MassHealth workgroup)</li> <li>• Legislature</li> </ul>	<ul style="list-style-type: none"> <li>• Before 2014</li> <li>• Waiver negotiation in 2013 for period beginning 1/1/2014</li> </ul>	<ul style="list-style-type: none"> <li>• Subsidized Insurance Workgroup Update, June 21, 2011, <a href="#">Presentation</a></li> </ul>					
	Consider how to address other newly eligible populations earning <133% FPL, including: <ul style="list-style-type: none"> <li>• People now ineligible for CommCare because they have an offer of employer-sponsored insurance (ESI)</li> <li>• Enrollees in MassHealth Essential, Basic, HIV Family Assistance, and CommonHealth</li> <li>• Insurance Partnership beneficiaries</li> <li>• Un-enrolled people eligible for CommCare</li> <li>• Medical Security Program (MSP) beneficiaries (wrap or full benefit?)</li> <li>• College and graduate students (wrap or full benefit?)</li> </ul>										
<b>CHIP and Medicaid Program Changes</b>	Determine whether to transition Medicaid waiver populations (>133% FPL) into the Exchange <ul style="list-style-type: none"> <li>• Timeline for transition (prior to, or in, 2014)</li> <li>• Process for transition</li> </ul>	<ul style="list-style-type: none"> <li>• Massachusetts currently covers some populations under its 1115 waiver who would otherwise be eligible for federal insurance tax credits in 2014</li> <li>• State pays 50% of costs in the Medicaid program, whereas the federal government will pay the full cost of tax credits available in the Exchange (unless the state decides to supplement this coverage)</li> </ul>	<ul style="list-style-type: none"> <li>• State budget</li> <li>• Medicaid savings to state vs. cost to individuals</li> <li>• ACA maintenance of effort (MOE) requirement would need to be waived if coverage reduced prior to 2014</li> <li>• Coverage and benefits for these populations</li> <li>• Continuity and adequacy of coverage</li> <li>• Medicaid MOE requirement expires when Exchange is certified as operational</li> </ul>	<ul style="list-style-type: none"> <li>• EOHHHS and MassHealth, in consultation with federal HHS</li> <li>• ANF</li> <li>• Health Connector</li> <li>• MassHealth Workgroup</li> <li>• Exchange Planning Workgroup</li> </ul>	<ul style="list-style-type: none"> <li>• Before 2014</li> </ul>	<ul style="list-style-type: none"> <li>• HHS/Treasury released (8/17/11) Medicaid eligibility <a href="#">rule</a>, including increased FMAP rates (<a href="#">fact sheet</a>).</li> </ul>					
	Move to a modified adjusted gross income standard for program eligibility						<ul style="list-style-type: none"> <li>• Massachusetts currently uses a gross income standard to determine eligibility</li> <li>• ACA requires all state eligibility systems for Medicaid, CHIP, and new insurance tax credits to transition to a modified adjusted gross income standard</li> </ul>	<ul style="list-style-type: none"> <li>• Impact on current eligibility system</li> <li>• Changes to Medical Benefits Request application form (MBR)</li> <li>• Potential for passive enrollment using IRS/DOR data</li> </ul>	<ul style="list-style-type: none"> <li>• MassHealth with EOHHHS</li> <li>• MassHealth Workgroup</li> </ul>	<ul style="list-style-type: none"> <li>• Implement by 2014</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
	Consider applying for hardship exemption from maintenance of effort requirement						<ul style="list-style-type: none"> <li>• ACA requires states to maintain current eligibility levels for children in Medicaid and CHIP until 2019, and</li> </ul>	<ul style="list-style-type: none"> <li>• Financial cost of maintaining current eligibility levels</li> </ul>	<ul style="list-style-type: none"> <li>• ANF</li> <li>• EOHHHS with</li> </ul>	<ul style="list-style-type: none"> <li>• Anytime 2011-2013</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

ACA Topic	State Decisions	Background	Considerations and Data Sources	State Players	Timing	Status Update
		<ul style="list-style-type: none"> <li>maintain eligibility levels for adults until an exchange is fully operational in 2014</li> <li>A state can waive out of this requirement in 2011-2013—only for non-disabled adults with incomes above 133% FPL—if it experiences a budget deficit or will do so in the following year</li> </ul>	<ul style="list-style-type: none"> <li>State budget shortfall</li> <li>Coverage, access, and eligibility for enrollees</li> </ul>	<ul style="list-style-type: none"> <li>MassHealth</li> <li>MassHealth Workgroup</li> </ul>		
	Consider whether to remove cost-sharing for preventive services in Medicaid to receive 1% FMAP increase	<ul style="list-style-type: none"> <li>ACA incentivizes states to remove cost-sharing for preventive services in Medicaid by offering a 1% FMAP increase in payment for these services</li> </ul>	<ul style="list-style-type: none"> <li>Impact on access to preventive services</li> <li>Outcomes for population health</li> <li>Cost to the state vs. incentives</li> </ul>	<ul style="list-style-type: none"> <li>EOHHS</li> <li>MassHealth</li> <li>ANF</li> <li>MassHealth Workgroup</li> </ul>	<ul style="list-style-type: none"> <li>Before 2014</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Basic Health Plan (BHP)</b>	<p>Consider whether to develop BHP for eligible state residents 133-200% FPL and legal immigrants &lt;133% FPL</p> <ul style="list-style-type: none"> <li>Determine what agency would administer the BHP and how BHP would interact with or replace CommCare</li> </ul>	<ul style="list-style-type: none"> <li>States have the option to establish a Basic Health Plan for individuals earning 133%-200% FPL who will be eligible to receive federal premium subsidies in the Exchange</li> <li>In Massachusetts, this population currently receives insurance subsidies through CommCare</li> <li>BHP must provide coverage through one or more standardized plans that provide essential health benefits and cannot have premiums or cost-sharing exceeding what people would have received through a subsidized plan on the Exchange</li> <li>States that establish a BHP will receive 95% of the federal subsidies that would have been paid to eligible individuals through premium and cost-sharing tax credits</li> </ul>	<ul style="list-style-type: none"> <li>Continuity of coverage for families</li> <li>Potential state savings</li> <li>Connection with/impact on CommCare</li> <li>Role of MCOs</li> <li>Interaction of BHP with Exchange</li> <li>How BHP benefit package compares with CommCare regarding coverage and cost-sharing for enrollees</li> <li>Waiting for federal guidance about the BHP</li> <li><a href="#">Webinar</a> re: pros &amp; cons</li> </ul>	<ul style="list-style-type: none"> <li>Legislature</li> <li>ANF</li> <li>EOHHS must get federal HHS approval</li> <li>Health Connector</li> <li>MassHealth Workgroup</li> <li>Exchange Planning Workgroup</li> </ul>	<ul style="list-style-type: none"> <li>BHP would launch by 2014</li> <li>Decision by end of 2011-2012 legislative session or early in 2013</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Subsidized Federal Coverage</b>	<p>Consider whether to supplement federal premium tax credits</p> <ul style="list-style-type: none"> <li>Populations who qualify for supplemental assistance (by FPL level, 133-400%)</li> <li>Amount of premium subsidies</li> </ul> <p>Consider whether to supplement federal cost-sharing tax credits</p> <ul style="list-style-type: none"> <li>Populations who qualify for supplemental assistance (by FPL level, 133-400%)</li> <li>Amount of cost-sharing subsidies</li> </ul> <p>Consider whether to alter benefits under MA's subsidized health plans</p> <ul style="list-style-type: none"> <li>Preserve, align, or change covered benefits at state</li> </ul>	<ul style="list-style-type: none"> <li>In 2014, federal premium tax credits will replace state subsidies for Commonwealth Care members earning between 133% FPL and 300% FPL, saving MA approximately \$125m/yr</li> <li>Federal tax credits will be less than current state subsidies for Commonwealth Care</li> <li>If MA does not wrap federal tax credits, CommCare recipients will face higher premiums and out-of-pocket costs in subsidized plans than they currently do</li> <li>CommCare subsidies currently flow through the Connector, which also determines the premium amount owed by the beneficiary; federal law gives the IRS responsibility for the tax credits</li> </ul>	<ul style="list-style-type: none"> <li>Eligibility for insurance subsidies is different in state and federal laws</li> <li>State budget</li> <li>Gap between federal subsidies and premiums under CommCare</li> <li>Relationship between state subsidies and affordability</li> <li>Relationship between subsidy levels and take-up rates</li> <li>Impact on CommCare recipients</li> <li>Effect on Health Connector's finances</li> <li>Differences between MA benefit</li> </ul>	<ul style="list-style-type: none"> <li>EOHHS</li> <li>ANF</li> <li>Legislature</li> <li>Health Connector</li> <li>MassHealth Workgroup</li> </ul>	<ul style="list-style-type: none"> <li>Decision by end of 2011-2012 legislative session or early in 2013</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

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	<ul style="list-style-type: none"> <li>level given federal “essential health benefits”</li> <li>Determine flow of tax credits and insurance subsidies through the Exchange</li> <li>Determine how to integrate tax credit calculation into eligibility process</li> </ul>	<ul style="list-style-type: none"> <li>Tax credits will be determined based on the individual’s household income during the most recent taxable year for which information is available; if a person’s circumstances changed since then, the HHS Secretary will determine procedures of how to decide eligibility on the basis of household income for a later period or by the individual’s estimate of such income for the taxable year</li> <li>ACA aims to promote seamless eligibility across public and private coverage, which can be challenging in Massachusetts where multiple programs have varying eligibility criteria</li> </ul>	<ul style="list-style-type: none"> <li>requirements and federally defined “essential health benefits”— waiting for federal guidance</li> <li>State cost of benefits that are more comprehensive than federal essential health benefits</li> <li>If there are savings to the state, there will be competing demands for these funds</li> <li>Costs for people earning 300-400%FPL</li> <li>Waiting for federal guidance about how tax credits will be determined in cases where income reported in the last available taxable year does not reflect current circumstances</li> </ul>			
	<ul style="list-style-type: none"> <li>Determine how subsidized plans through the exchange will integrate newly eligible populations that currently have coverage under a state program (people earning 133-400%FPL): <ul style="list-style-type: none"> <li>Medical Security Program (MSP)</li> <li>CommCare Bridge (legal immigrants)</li> <li>HSN (particularly legal immigrants who are ineligible for Bridge)</li> <li>People with unaffordable or inadequate ESI</li> <li>Insurance Partnership</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Several populations that cannot access CommCare due to crowd out restrictions under state law will become eligible for federal tax credits through the Exchange</li> <li>Many of these groups already have coverage under a different state program</li> </ul>	<ul style="list-style-type: none"> <li>State budget</li> <li>Relative cost of coverage (to state and to enrollees) under each state program versus cost of subsidized coverage in the Exchange</li> <li>State cost of wrapping federal tax credits</li> <li>Coverage benefits of exchange plans versus other state programs</li> </ul>	<ul style="list-style-type: none"> <li>EOHHS</li> <li>DUA</li> <li>DHCFP</li> <li>ANF</li> <li>Health Connector</li> <li>Legislature (if laws need to be changed)</li> <li>Exchange Planning workgroups</li> <li>MassHealth Workgroup</li> </ul>	<ul style="list-style-type: none"> <li>Before 2014</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Health Insurance Exchange</b>	<ul style="list-style-type: none"> <li>Determine contours of CommCare and CommChoice programs under new federal rules</li> <li>Determine plans that federal tax credits can subsidize on the Exchange</li> <li>Consider how to integrate CommCare and CommChoice programs</li> <li>Adapt methodology for determining subsidy levels</li> <li>Connector’s role in negotiating premiums and benefits given new federal rules</li> </ul>	<ul style="list-style-type: none"> <li>ACA requires states to set up health insurance exchanges with minimum requirements</li> <li>Health Connector deemed in compliance by federal law, but may want to change in some significant ways</li> <li>CommCare and CommChoice now operate separately, with a different set of insurers offering coverage; ACA may not allow this to continue</li> </ul>	<ul style="list-style-type: none"> <li>Future of CommCare and CommChoice programs</li> <li>Coverage, plan designs, and Health Connector’s operating procedures</li> <li>Sustainability of Health Connector’s funding</li> <li>Impact on beneficiaries</li> <li>Impact on MCOs</li> <li>Federal guidance re: rules for health insurance Exchanges (draft regulations anticipated in Fall 2011)</li> </ul>	<ul style="list-style-type: none"> <li>EOHHS and the Health Connector, in consultation with federal HHS</li> <li>Exchange Planning workgroups</li> </ul>	<ul style="list-style-type: none"> <li>Before 2014</li> </ul>	<ul style="list-style-type: none"> <li>HHS/Treasury released (8/17/11) health insurance premium tax credit <a href="#">rule (fact sheet)</a> and exchange eligibility and employer standards <a href="#">rule</a>, including SHOP employer participation (<a href="#">fact</a>)</li> </ul>

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	<ul style="list-style-type: none"> <li>Determine how health insurance offered through the Connector will change given new federal rules and programs</li> <li>Create and implement new plan designs (include platinum level, different actuarial values, new cost sharing and benefits requirements)</li> <li>Transition Young Adult Plans to federally defined Catastrophic plans</li> <li>Role of risk-adjustment, risk-sharing, and reinsurance for products offered through the Connector</li> </ul>					<p><a href="#">sheet</a>).</p> <ul style="list-style-type: none"> <li>Connector awarded \$1M grant from the Center for Consumer Information and Insurance Oversight (CCIO); funds for research and planning; grant period Oct. 1, 2010 –Sept. 30, 2011; contracting with Manatt/ Mercer</li> <li>New England States Collaborative Insurance Exchange Systems, led by UMass Medical, awarded \$35.6M 2 year Early Innovator Grant by CCIO (2/11).</li> </ul>
	Align Connector’s quality rating and reporting procedures with federal standards					<ul style="list-style-type: none"> <li></li> </ul>
<b>Individual Mandate</b>	<p>Consider whether to change state individual mandate given new federal rules and programs:</p> <ul style="list-style-type: none"> <li>Maintain, alter, or eliminate state penalties for uninsured</li> <li>Change population affected by the state mandate</li> <li>Maintain or alter state Minimum Creditable Coverage (MCC) standards</li> <li>Maintain or change state insurance affordability rules</li> </ul>	<ul style="list-style-type: none"> <li>ACA requires individuals to have insurance coverage, if affordable, beginning 2014</li> <li>Federal individual mandate does not pre-empt the MA individual mandate; thus, uninsured people in MA may face two penalties</li> <li>Key difference between state and federal mandates is definitions of “affordability,” which differs significantly, as do the amount of penalties for remaining uninsured, and minimum coverage standards</li> <li>Federal affordability standard will exempt more higher-income people from the mandate than the state standard, but federal standard requires more low-income people to have coverage than current state standard.</li> </ul>	<ul style="list-style-type: none"> <li>Differences between state and federal rules regarding what qualifies as coverage under the mandate</li> <li>Differences between state and federal rules about who the mandate applies to. Desirability of consistent, coordinated policies</li> <li>Penalties for individuals and families</li> <li>Connector/DOR estimates of numbers of people affected by change</li> <li>Impact of federal essential health</li> </ul>	<ul style="list-style-type: none"> <li>Legislature</li> <li>Health Connector re: affordability and MCC</li> <li>ANF</li> <li>DOR re: penalties</li> <li>EOHHS re: child mandate</li> <li>Insurance Reform Workgroup</li> </ul>	<ul style="list-style-type: none"> <li>Before 2014</li> <li>If state pursues legislative change, then decide by end of 2011-2012 legislative session or early in 2013</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

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		<ul style="list-style-type: none"> <li>In 2016 and beyond, federal penalties for remaining uninsured will be greater than state penalties for people earning &lt;250%FPL, and less than state penalties for some moderate income people</li> </ul>	<ul style="list-style-type: none"> <li>benefits on state-defined MCC</li> <li>Impact of federal affordability level on MA affordability, especially for people with low-to-moderate incomes</li> <li>Impact of changes in state mandate on state revenue</li> </ul>			
<b>Employer responsibility requirements</b>	<p>Consider whether to adapt state employer responsibility provisions given new federal rules and programs</p> <ul style="list-style-type: none"> <li>Adapt, preserve, or eliminate the Fair Share Contribution</li> <li>Adapt, preserve, or eliminate the Free Rider Surcharge</li> <li>Determine whether to change which employers state rules affect (i.e. number of employees/FTEs)</li> <li>Address different state and federal definitions for full-time, FTE, waiting periods, etc.</li> <li>Consider whether to alter HIRD (Health Insurance Responsibility Disclosure) reporting</li> </ul>	<ul style="list-style-type: none"> <li>Federal employer rules do not pre-empt MA requirements</li> <li>ACA requires businesses with &gt;50 employees to offer affordable and adequate coverage; employers owe a penalty if they do not offer coverage or if employees access federal tax credits</li> <li>MA requires businesses with 11 or more employees to offer "fair and reasonable" (defined by regulation) coverage or pay a penalty</li> <li>Federal penalties for employers are significantly higher than those in MA</li> </ul>	<ul style="list-style-type: none"> <li>Desirability of consistent, coordinated policies</li> <li>Impact of two penalties on some businesses</li> <li>Reporting requirements for businesses</li> <li>Impact of changing state employer rules on state revenues</li> <li>Employer penalties help fund CommCare subsidies, the need for which will shrink</li> <li>Impact on coverage offered by employers with 11-50 FTEs</li> </ul>	<ul style="list-style-type: none"> <li>Legislature with DOR</li> <li>DHCFP</li> <li>Employer Workgroup</li> </ul>	<ul style="list-style-type: none"> <li>By 2014</li> <li>If state pursues legislative change, then decide by end of 2011-2012 legislative session or early in 2013</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
	<p>Clarify how new federal rules may alter Section 125 plans that allow pre-tax purchase of non-group plans through the Health Connector</p>	<ul style="list-style-type: none"> <li>ACA does not allow employees to buy individual health insurance through an exchange on a pre-tax basis using a Section 125 plan</li> <li>This appears at odds with current state law requiring employers with 11 or more FTEs to establish Section 125 plans</li> <li><i>Businesses that offer coverage with a premium contribution that costs between 8% and 9.8% of an employee's income are required to offer the employee a Free Choice Voucher to purchase coverage through the Exchange -- §10108 REPEALED 4/15/11</i></li> </ul>	<ul style="list-style-type: none"> <li>Clarify federal rules</li> <li>Loss of implicit discount (through tax subsidy) of premiums for people purchasing individual coverage</li> <li>Impact on businesses currently offering Section 125 plans to employees</li> <li>Impact of Free Choice Voucher program on Exchange's and employers' risk pools</li> </ul>	<ul style="list-style-type: none"> <li>EOHHS, in consultation with federal HHS</li> <li>Legislature</li> <li>DHCFP</li> <li>Health Connector</li> <li>Employer Workgroup</li> <li>Exchange planning workgroup</li> </ul>	<ul style="list-style-type: none"> <li>Before 2014</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Small businesses</b>	<p>Consider how to adapt state rules and programs for small businesses given new federal rules and programs</p> <ul style="list-style-type: none"> <li>Size and number of small businesses eligible to shop through the Connector</li> <li>Adapt or eliminate Insurance Partnership program given new insurance tax credits for small businesses</li> <li>Consider how to alter Connector's small business insurance options given new rules for Exchanges and</li> </ul>	<ul style="list-style-type: none"> <li>ACA institutes new rules and coverage opportunities for small businesses that are different from what is currently available in MA</li> <li>MA provides subsidies to small businesses through the Insurance Partnership program and offers coverage through several programs in the Health Connector</li> <li>Sec. 1312 allows small businesses to offer employees coverage through the exchange</li> </ul>	<ul style="list-style-type: none"> <li>People covered by small business programs in MA</li> <li>Insurance Partnership</li> <li>Health Connector</li> <li>Benefits and coverage options available through the Exchange</li> <li>Forthcoming federal guidance</li> <li>Implications of having merged</li> </ul>	<ul style="list-style-type: none"> <li>EOHHS</li> <li>DHCFP</li> <li>Health Connector</li> <li>Employer Workgroup</li> <li>Exchange planning workgroup</li> </ul>	<ul style="list-style-type: none"> <li>Before 2014</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

ACA Topic	State Decisions	Background	Considerations and Data Sources	State Players	Timing	Status Update
	<p>small business insurance tax credits</p> <p>Develop “employee choice” model for businesses that offer health insurance for employees through the Exchange</p>	<ul style="list-style-type: none"> <li>Beginning in 2014, small businesses will be eligible to offer coverage to their employees through a state Exchange</li> <li>Employers will choose a “level” of coverage and employees will have a choice of available plans within that level</li> <li>States can open this option to large businesses beginning in 2017</li> </ul>	<p>individual and small group markets on health insurance options for small businesses</p> <ul style="list-style-type: none"> <li>Effect on Contributory Plan pilot currently offered through Connector</li> <li>Access to insurance for small businesses</li> <li>Affordability and adequacy of insurance choices for employees</li> <li>Forthcoming federal guidance</li> </ul>	<ul style="list-style-type: none"> <li>Health Connector</li> <li>DHCFP</li> <li>Employer Workgroup</li> <li>Exchange planning workgroup</li> </ul>	<ul style="list-style-type: none"> <li>Before 2014</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Insurance reforms and consumer protections</b>	<p>Consider how to adapt state insurance rules to align with new federal rules and protections</p> <ul style="list-style-type: none"> <li>Phase out annual caps for young adult plans and student health insurance plans</li> <li>Implement federal medical loss ratio standards in MA</li> <li>Give DOI authority to enforce federal law where it differs from state law</li> <li>Develop capacity to offer consumer assistance with health insurance</li> <li>Implement prohibition on cost-sharing for preventive services in private plans</li> </ul>	<ul style="list-style-type: none"> <li>ACA includes new consumer protections and rules for health insurance, many of which were previously implemented in MA</li> <li>MA’s community rating rules are more protective for older people and smokers than the new federal standards</li> <li>Some plans in MA are currently permitted to have annual caps</li> </ul>	<ul style="list-style-type: none"> <li>Potential state cost</li> <li>Possibility of adverse selection</li> <li>Impact on MA community rating standards</li> <li>Authority of DOI re: federal rules</li> <li>Impact on premiums for consumers</li> <li>State coverage mandates</li> <li>Waiting for federal guidance about essential health benefits</li> </ul>	<ul style="list-style-type: none"> <li>EOHHS in consultation with federal HHS</li> <li>DOI</li> <li>DHCFP</li> <li>Legislature</li> <li>Insurance Reform Workgroup</li> </ul>	<ul style="list-style-type: none"> <li>Community rating: Before 2014</li> <li>Annual caps: Before 2012</li> </ul>	<ul style="list-style-type: none"> <li>IOM released <a href="#">EHB report</a> (8/29/11).</li> <li>HHS issued interim rule (8/1/11) requiring private health plans starting on or after August 1, 2012 to cover women's preventive services without charge; see IOM <a href="#">guidelines</a>.</li> <li>CCIO issued decisions (7/29/11) regarding external appeals process standards; MA existing state process does not meet the standards and must decide whether to change process.</li> </ul>
<b>Long Term Care</b>	<p>Develop coordinated strategy to promote community-based long term care services</p> <ul style="list-style-type: none"> <li>Consider adopting coverage for home and community-based services under the State Plan</li> <li>Consider adopting state balancing incentives payment program (BIPP) to shift people from institutions to</li> </ul>	<ul style="list-style-type: none"> <li>ACA provides incentives and options for long-term care programs</li> <li>MA has adopted a “Community First” long-term care policy and has been moving to develop a coordinated approach to long term care financing and care delivery, so the state is well-positioned to benefit from the ACA</li> </ul>	<ul style="list-style-type: none"> <li>Federal rules for determining which states qualify for incentives</li> <li>Impact on existing care patterns</li> <li>Cost to the state</li> <li>Out-of-pocket costs for consumers and their families</li> </ul>	<ul style="list-style-type: none"> <li>EOHHS</li> <li>Executive Office of Elder Affairs (EOA)</li> <li>Department of Children and Families (DCF)</li> </ul>	<ul style="list-style-type: none"> <li>Apply for grants, where applicable, by deadlines</li> <li>Begin BIPP and CFCO by end of 2011</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

ACA Topic	State Decisions	Background	Considerations and Data Sources	State Players	Timing	Status Update
	home-based settings <ul style="list-style-type: none"> <li>Consider implementing spousal impoverishment protection for people receiving home and community-based services</li> <li>Evaluate Community First Choice Option (CFCO)</li> <li>Pursue Money Follows the Person rebalancing demonstration</li> </ul>	provisions	<ul style="list-style-type: none"> <li>Impending changes to Community Living and Support Services (CLASS) provisions</li> <li>Impact of CLASS on employers and employees</li> </ul>	<ul style="list-style-type: none"> <li>Long Term Care/Behavioral Health Workgroup</li> </ul>		
	Consider implementing elder assistance programs <ul style="list-style-type: none"> <li>Determine whether to develop and implement elder justice provisions, including adult protective services and long term care ombudsman program</li> </ul>					
	Determine how to promote savings for long term care needs <ul style="list-style-type: none"> <li>Consider active promotion of employer and employee participation in CLASS</li> </ul>					
<b>State Innovation Waiver</b>	If Wyden-Brown bill passes, determine whether to submit an Innovation Waiver <ul style="list-style-type: none"> <li>For which provisions should the state request waivers?</li> </ul>	<ul style="list-style-type: none"> <li>The ACA offers states flexibility to develop their own health reform systems by waiving out of some federal requirements beginning 2017</li> <li>Proposed legislation by Senators Brown and Wyden would move waiver availability to 2014</li> <li>State proposals must achieve the same coverage goals as the ACA without increasing the federal deficit</li> </ul>	<ul style="list-style-type: none"> <li>Impact of ACA on current state system if MA can waive out of new requirements that differ from state's</li> <li>Impact on state budget</li> </ul>	<ul style="list-style-type: none"> <li>EOHHS, in consultation with federal HHS</li> <li>MassHealth</li> <li>Health Connector</li> </ul>	<ul style="list-style-type: none"> <li>Pending passage</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>