IMPLEMENTING THE AFFORDABLE CARE ACT IN MASSACHUSETTS: CHANGES IN SUBSIDIZED COVERAGE PROGRAMS

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TABLE OF CONTENTS

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EXECUTIVE SUMMARY

Massachusetts enacted major health reform legislation in April 2006 through Chapter 58 of the Acts of 2006, *An Act Providing Access to Affordable, Quality, Accountable Health Care*. Chapter 58 made important changes to subsidized coverage in Massachusetts, including expanding existing subsidized programs and establishing new ones. In March 2010, President Obama signed *The Patient Protection and Affordable Care Act* (ACA), which included significant changes impacting health insurance coverage across the United States. Although many elements of the ACA were based on Massachusetts' health insurance reform, there were still many decisions and activities that Massachusetts needed to address in order to comply with the new federal Medicaid and health insurance marketplace requirements, most of which were required to be effective as of January 2014. This issue brief focuses on the changes to the subsidized insurance landscape in Massachusetts resulting from the passage of the ACA and analyzes the changes in eligibility, benefits, cost sharing (including premiums), and health plan options available to individuals receiving subsidized insurance in the Commonwealth before and after implementation of the ACA. Highlighted below are some key findings.

- **Eligibility changes due to ACA implementation resulted in program consolidation as well as the development of new programs**. MassHealth took the opportunity to consolidate many of its pre-ACA coverage types following new Medicaid expansion rules and also created CarePlus and the Small Business Employee Premium Assistance Program. The Health Connector eliminated its Commonwealth Care and Commonwealth Choice programs but created new Qualified Health Plan (QHP) programs: ConnectorCare, QHP with Advance Premium Tax Credits (APTC), and QHP without APTC.
- **The essential health benefits (EHB) requirement instituted by the ACA resulted in most subsidized health insurance programs offered in Massachusetts now providing coverage for the same core benefits**. However, a few key differences between MassHealth and Health Connector programs remain, although they only impact a small set of services. The MassHealth programs generally offer more comprehensive behavioral health and long-term care services and supports not typically covered by commercial plans, including services such as personal care, adult day health, and non-emergency transportation, while MassHealth does not cover infertility treatments, such as in vitro fertilization. Also, all Health Connector plans are now subject to state-mandated benefits (now included as part of the benchmark plan design), including coverage of infertility treatments.
- **For the vast majority of individuals and families impacted by changes to subsidized insurance programs as a result of the ACA, cost-sharing requirements remained the same or were reduced as a result of their new coverage**. Only a small number of individuals experienced increases in cost sharing as a result of the transition. For example, individuals transitioning from the Insurance Partnership to ConnectorCare may have experienced increases in cost sharing.

- **Consistency across the majority of health plans available through MassHealth programs and ConnectorCare has allowed continuity in health plan choices for most individuals transitioning to new ACA programs**. Differences in availability of CeltiCare and MassHealth's Primary Care Clinician (PCC) Plan presented the biggest changes for members. CeltiCare is now available to individuals enrolled in MassHealth CarePlus, while the PCC Plan is available only for MassHealth non-CarePlus coverage types.

Overall, it is likely that the majority of individuals experiencing transitions in subsidized coverage as a result of ACA implementation experienced enhanced or comparable program design when considering all of these factors. However, the groups transitioning to MassHealth programs may have had a less challenging experience with their initial transition, given that they had minimal benefit changes, similar or lower cost sharing, and mostly comparable health plan options, and generally were not required to reapply for coverage. For those groups changing to or within Health Connector programs, it may have been a more challenging transition because of the federal rules requiring reapplication and the need to manage more differences with respect to cost-sharing choices (e.g., if/how much APTC to apply) and health plan options. Although those transitioning to the Health Connector may have had more challenges than the MassHealth population, the state's commitment to provide the ConnectorCare eligible population with wrap-around subsidies additional to the QHP federal subsidies has made possible a more generous program than other states have, and the program is administered in such a way as to preserve the experience and design of the Commonwealth Care program.

INTRODUCTION

Massachusetts enacted major health reform legislation in April 2006 through Chapter 58 of the Acts of 2006, *An Act Providing Access to Affordable, Quality, Accountable Health Care*. Chapter 58 made important changes to subsidized coverage in Massachusetts, including expanding existing subsidized programs and establishing new ones. The law also created the state's Health Connector Authority to implement several aspects of Massachusetts' health insurance reforms, including establishing standards of adequacy and affordability for insurance plans and implementing individual mandate requirements. The Health Connector was charged with developing a health insurance marketplace for individuals and small employers, including both government-subsidized and unsubsidized insurance programs.

In March 2010, President Obama signed *The Patient Protection and Affordable Care Act* (ACA), which included significant changes impacting health insurance coverage across the United States. Although many elements of the ACA were based on Massachusetts' health insurance reform, there were still many decisions and activities that Massachusetts needed to address in order to comply with the new federal Medicaid and health insurance marketplace requirements, most of which were required to be effective as of January 2014. Reconciliation of existing state laws and new federal requirements demanded painstaking analysis and planning by state agencies to address differences in requirements for the individual mandate, employer responsibilities, individual and employer subsidies, and Medicaid eligibility rules.[1] This issue brief focuses on the changes to the subsidized insurance landscape in Massachusetts resulting from the passage of the ACA and analyzes the changes in eligibility, benefits, cost sharing, and health plan options available to individuals receiving subsidized insurance in the Commonwealth before and after implementation of the ACA.

1 See *Reforming Reform: What the Patient Protection and Affordable Care Act Means for Massachusetts* http://bluecrossfoundation.org/sites/default/files/062110NHRReportFINAL.pdf for a discussion of many of the issues that Massachusetts needed to address as a result of the ACA.

OVERVIEW OF SUBSIDIZED INSURANCE PROGRAMS PRE- AND POST-ACA

Upon implementation of the state's 2006 health care reform law, two entities became primarily responsible for administering the state's subsidized insurance programs for low-income individuals in the Commonwealth: the office of Medicaid, which is situated within the Executive Office of Health and Human Services (EOHHS) and administers the Commonwealth's Medicaid program and Children's Health Insurance Program (CHIP), known together as MassHealth; and the Health Connector, which is a quasi-public state authority overseen by a statutorily designated board of directors and created by Chapter 58 of the Acts of 2006. EOHHS had been administering the joint federal and state funded Medicaid and CHIP programs for low-income individuals prior to implementation of Chapter 58, and had established an array of programs designed to serve some of the most vulnerable populations in the Commonwealth, including low-income women and children, persons with disabilities, long-term unemployed residents, and the elderly. The Health Connector was newly formed in 2006 as a health insurance "exchange" or "marketplace" offering subsidized and unsubsidized coverage to individuals and small groups.

As a result of the ACA, some programs that existed before the passage of the ACA were eliminated, and some new programs were created. These are discussed in greater detail below, but Table 1 provides an overview of the subsidized insurance programs available in Massachusetts pre- and post-ACA.

TABLE 1. MASSHEALTH, HEALTH CONNECTOR, AND OTHER MASSACHUSETTS SUBSIDIZED COVERAGE PROGRAMS PRE- AND POST-ACA

COVERAGE PROGRAM*		AVAILABILITY	
		Pre-ACA	Post-ACA
MassHealth			
Standard	Standard offers a comprehensive set of benefits, including long-term care. It is available to children (and their guardians) and to individuals who are pregnant or disabled. It is also available to women and men who have breast cancer or women with cervical cancer. New post-ACA: Covered individuals include young adults ages 19 and 20, individuals under 65 who are HIV-positive, individuals up to age 26 previously in foster care, adults otherwise eligible for CarePlus with special health care needs who choose to enroll, adults getting services or on a waiting list to get services from the Department of Mental Health, and pregnant women who previously would have enrolled in Healthy Start.	Yes	Yes
CommonHealth	CommonHealth offers health care benefits similar to MassHealth Standard to disabled adults and disabled children who cannot get MassHealth Standard due to income.	Yes	Yes
Family Assistance	Family Assistance offers a full range of physical and behavioral health benefits without comprehensive long-term care. It is available to children, some working adults, and people who are HIV-positive who cannot get MassHealth Standard due to income or MassHealth CommonHealth because they are not disabled. New post-ACA: Covered individuals include individuals without access to employer-sponsored insurance that is considered affordable (and meets ACA Minimal Essential Coverage requirements), some individuals who are disabled with certain immigration statuses, and adults who get Emergency Aid to the Elderly, Disabled and Children (EAEDC).	Yes	Yes

(continued)

TABLE 1. MASSHEALTH, HEALTH CONNECTOR, AND OTHER MASSACHUSETTS SUBSIDIZED COVERAGE PROGRAMS PRE- AND POST-ACA *(continued)*

COVERAGE PROGRAM*		AVAILABILITY	
		Pre-ACA	Post-ACA
MassHealth *(continued)*			
Limited	Limited provides emergency health services to people who, under federal law, have an immigration status that keeps them from getting more Medicaid services. Limited is available to children (and their parents), pregnant women, and adults up to age 65.	Yes	Yes
Basic	Basic offered a full range of physical and behavioral health benefits without comprehensive long-term care to certain unemployed adults getting services or on a waiting list to get services from the Department of Mental Health, or adults receiving Emergency Aid to the Elderly, Disabled, and Children (EAEDC).	Yes	Ended 1/1/14
Essential	Essential offered a full range of physical and behavioral health benefits without comprehensive long-term care to certain long-term unemployed adults.	Yes	Ended 1/1/14
Healthy Start	Healthy Start offered prenatal and postpartum care for low-income pregnant women not eligible for any other MassHealth coverage type except MassHealth Limited and who did not have other health insurance that paid for medically necessary pregnancy-related care.	Yes	Ended 1/1/14
Insurance Partnership	Insurance Partnership provided premium assistance for working adults who received comprehensive health insurance through their small employer.	Yes	Ended 1/1/14
CarePlus	CarePlus offers a full range of physical and behavioral health benefits without comprehensive long-term care to adults who are not otherwise eligible for MassHealth Standard.	No	Yes
Small Business Employee Premium Assistance Program	The Small Business Employee Premium Assistance Program offers premium assistance to adults who work for small employers and are ineligible for any other MassHealth coverage type or for premium tax credits through the Health Connector because the insurance offered by their employer is considered affordable by ACA standards but is considered unaffordable by Massachusetts standards.	No	Yes
Health Connector			
Commonwealth Care	Commonwealth Care offered a full range of physical and behavioral health benefits without comprehensive long-term care for low-income adults who were not otherwise eligible for MassHealth.	Yes	Ended 1/31/15
ConnectorCare	ConnectorCare health plans are Qualified Health Plans (QHPs), described in more detail below, which offer comprehensive benefits that meet minimum federal and state benefit requirements. They are available to low-income individuals who do not qualify for an employer's affordable, comprehensive health insurance, Medicare, MassHealth, or other public health insurance programs.	No	Yes
Qualified Health Plans with APTC	Qualified Health Plans (QHPs) with Advance Premium Tax Credits (APTC) offer comprehensive benefits that meet minimum federal and state benefit requirements with monthly premiums lower than unsubsidized QHPs. They are available to low-income individuals who are not eligible for ConnectorCare, an employer's affordable, comprehensive health insurance, Medicare, MassHealth, or other public health insurance programs.	No	Yes
Other Programs			
Health Safety Net	The Health Safety Net pays Massachusetts acute hospitals and community health centers for certain health care services provided to low-income patients.	Yes	Yes
Medical Security Program	The Medical Security Program was available to unemployed individuals who were receiving unemployment insurance benefits from the state. To qualify, individuals could not be eligible for insurance through a spouse or enrolled in MassHealth.	Yes	Ended 1/31/15

*Subsidized Massachusetts coverage programs pre- and post-ACA have income requirements that individuals must meet in addition to other requirements identified in the table above.

ELIGIBILITY

- The ACA provided the opportunity for MassHealth to consolidate many of its pre-ACA coverage types following new Medicaid expansion rules.
- The Health Connector's subsidized health insurance program that covered individuals with incomes up to 300% of the federal poverty level (FPL), Commonwealth Care, was eliminated following ACA implementation. The lowest-income Commonwealth Care members became eligible for MassHealth, while others became eligible for ConnectorCare, a new program designed to provide members with benefits and costs that largely mimicked what they had experienced under Commonwealth Care. Also as a result of ACA implementation, the Health Connector began to offer new subsidized coverage for individuals with incomes from 300% to 400% FPL, with premium subsidies in the form of monthly advance premium tax credits (APTC).

MassHealth

Before the ACA, individuals could qualify for Medicaid only if they were part of certain population groups, such as low-income pregnant women, children and their parents, elders, and persons with a disability. States could expand Medicaid to other populations by applying for a federal waiver, known as a Section 1115 Medicaid Demonstration Waiver. Massachusetts has successfully pursued 1115 waiver opportunities, enabling the state to expand subsidized coverage to include, for example, low-income employees of small businesses and long-term unemployed individuals.[2]

Following implementation of Chapter 58 in 2006,[3] MassHealth was responsible for administering a range of different coverage types, some of which had been longstanding in the state, while others had been established as part of smaller health coverage expansions prior to Chapter 58. These MassHealth coverage types varied in features based on benefits and cost sharing, and some provided direct coverage for enrolled members through health plans or provided premium subsidies to help pay for insurance. Program eligibility was based on a diverse array of criteria allowed under federal waiver rules, such as income measured as a percentage of the FPL, age, disability status, and immigration status. MassHealth coverage types included MassHealth Standard, Basic, Essential, Family Assistance, CommonHealth, Prenatal, Healthy Start, Limited, and the Insurance Partnership for low-income employees of small businesses.

In 2014, a key change prompted by the ACA enabled states to expand their Medicaid programs based on income rather than by population categories, allowing coverage for most individuals at or below 133% FPL using a new income measure called Modified Adjusted Gross Income (MAGI)

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2 See *The Massachusetts Waiver Extension for State Fiscal Years 2015–2019: Foundation for Coverage, Engine for Innovation* http://bluecrossfoundation.org/sites/default/files/download/publication/MassHealth_Waiver_report_FINAL.pdf for a history of the evolution of the Massachusetts 1115 demonstration waiver from its establishment in 1997 to its most recent iteration in 2014.

3 Chapter 58 expanded MassHealth eligibility to children from up to 200% FPL to 300% FPL, expanded eligibility for the Insurance Partnership to employees of small employers with family incomes from up to 200% FPL to 300% FPL, and increased income eligibility for MassHealth for persons with HIV up to 200% FPL.

to assess financial eligibility.[4] The ACA also allowed states that opted to implement this Medicaid expansion to be eligible for an enhanced Federal Medical Assistance Percentage (FMAP), which is the percentage of a state's Medicaid program expenditures that the federal government pays, based on specific federal criteria.[5] Massachusetts had been receiving 50% FMAP on most Medicaid expenditures, but the new federal matching rules for the ACA expansion populations rose to 75% in 2014 and will grow to as much as 90% by 2020. The ACA also allowed states that did not previously offer Medicaid to children up to age 21 to consider its 19- and 20-year-olds as part of the new adult group, providing an additional opportunity for MassHealth to receive enhanced FMAP for some members who already received MassHealth or Commonwealth Care coverage before the ACA.

Given that many of the individuals eligible under the new expansion opportunity provided by the ACA were already covered through prior federal waiver expansions pursued by the state, Massachusetts now had the chance to consolidate many of its pre-ACA programs following new Medicaid expansion rules. This consolidation resulted in the elimination of MassHealth programs including Basic, Essential, Prenatal, Healthy Start, and the Insurance Partnership and the introduction of two new programs called CarePlus and the Small Business Employee Premium Assistance Program. However, the majority of the new Medicaid expansion population will be covered through MassHealth Standard and CarePlus.

Health Connector

As part of the Health Connector's responsibilities under Chapter 58 to set up the state's health insurance marketplace, the Health Connector established two main programs, Commonwealth Choice and Commonwealth Care. The Commonwealth Choice program offered qualified individuals and small employers and their employees unsubsidized commercial insurance regardless of their income level. Commonwealth Care was the Health Connector's subsidized health insurance program for adults with incomes at or below 300% FPL who were generally not eligible for MassHealth or other insurance, including employer-sponsored insurance (ESI).[6] Although the Health Connector was responsible for implementing Commonwealth Care, the state had received approval to operate Commonwealth Care as an expansion program under the state's 1115 Medicaid Demonstration Waiver. This allowed the state to receive federal funding to help support the premium and cost-sharing subsidies provided to Commonwealth Care members.

As part of the state's decision to implement the Medicaid expansion opportunity available under the ACA, Commonwealth Care members with income at or below 133% FPL became eligible for the new MassHealth CarePlus program.

In addition, in response to changes introduced by the ACA, the Health Connector developed a new subsidized insurance program for adults at or below 400% FPL. The Health Connector offers coverage through QHPs with federal assistance to defray the costs of premiums and cost shar-

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4 Using MAGI rules, the state allows a 5% income disregard when determining whether an applicant meets MassHealth income requirements.

5 The Medicaid program is jointly funded by the federal and state governments. FMAP varies by state based on established criteria, including overall state per capita income.

6 Eligibility requirements for Commonwealth Care included that eligible individuals were ineligible for health insurance through an employer for which the employer covered at least 20% of the annual premium cost for a family insurance plan or at least 33% of the cost for an individual insurance plan.

ACA Subsidies for QHPs: APTC & CSR

ADVANCE PREMIUM TAX CREDITS (APTC) *are income-based, sliding-scale tax credits that can be used as soon as an individual enrolls in coverage to lower his/her monthly premium costs. An individual who qualifies for APTC may choose how much of the tax credit to take in advance to apply to the monthly premium. If the amount of advance payments an individual receives in a year is less than the tax credit she is due, then she will receive the difference as a refund when she files her taxes. If the amount of advance payments is greater than the tax credit due, she must repay the excess advance payment with her tax return.*

A **COST-SHARING REDUCTION (CSR)** *is a discount that lowers the amount individuals have to pay out-of-pocket for deductibles, co-insurance, and co-payments. Individuals qualify for CSRs if their income is below a certain level and they select a certain level of health plan through the marketplace.*

Source: *Coverage Options for Massachusetts: Leveraging the Affordable Care Act.* Blue Cross Blue Shield of Massachusetts Foundation and Manatt Health Solutions, May 2015. Available at http://bluecrossfoundation.org/publication/coverage-options-massachusetts-leveraging-affordable-care-act.

ing in the form of advance premium tax credits (APTC) and cost-sharing reductions (CSRs). APTC are available to eligible individuals and families to help them lower their monthly health insurance premiums if they purchase insurance from the Health Connector.[7] In addition to APTC, the ACA provides CSRs for individuals and families with income up to 250% FPL to decrease the out-of-pocket expenses associated with their QHP coverage.[8]

Given the longstanding history of successful coverage through Commonwealth Care using federal and state premium subsidies, and the decreased state obligations to cover former Commonwealth Care members now covered through MassHealth CarePlus in which the federal government paid a higher FMAP, Massachusetts decided to use additional state funding to "wrap around" the federal subsidies for individuals with incomes at or below 300% FPL (including APTC and CSRs). This allowed premium and cost-sharing levels to remain comparable to what individuals had experienced with Commonwealth Care coverage. This new program for APTC-eligible individuals with income at or below 300% FPL is called ConnectorCare. People with access to ESI that is unaffordable or extremely limited in benefits according to new federal standards will also be eligible for APTC and ConnectorCare. By contrast, prior to the ACA, those adults who met the income parameters for Commonwealth Care coverage but had access to ESI, even if it was unaffordable or limited in scope, were generally not eligible for Commonwealth Care coverage. ConnectorCare is a new program in that it leverages the federal subsidies available to individuals in the form of APTC and CSRs. However, because of the state's decision to provide additional

7 The health plans offered by the Massachusetts Health Connector are grouped in four tiers (levels), based on the percentage the plan pays of the average overall cost of providing essential health benefits to enrollees, in order to help members more easily compare benefits and costs. The tiers are named after metals: platinum, gold, silver, and bronze. The Health Connector calculates the APTC based on the difference between the monthly amount the federal government determines is affordable given an individual's income and household size and the monthly cost of the second-least-expensive silver-tier health plan that is available to the individual through the Health Connector.

8 To qualify for cost-sharing reductions, an individual or family must be eligible for and enroll in a silver-tier QHP with an APTC through the Health Connector and have a household MAGI at or below 250% FPL, or be a Native American/Indian. See https://www.mahealthconnector.org/wp-content/uploads/policies2014/Policy_NG_1B.pdf.

CONNECTORCARE: *As part of the process of selecting QHPs for its marketplace, the Health Connector requires all carriers wishing to offer QHPs to be willing to participate in the ConnectorCare program, if selected by the state. Health insurance carriers propose their lowest-cost health plan on the silver tier that is "wrap-compatible," and the Health Connector selects those health plans that will be eligible for state "wrap" and therefore will be considered part of the ConnectorCare program. Health plans may bid and be selected on a regional basis for ConnectorCare and QHP offerings.*

subsidies for premiums and cost sharing as described above, from a member perspective this program is akin to the Commonwealth Care program.

Other subsidized programs

The Medical Security Program (MSP) and the Health Safety Net (HSN) were also impacted by ACA implementation. MSP was a health insurance assistance program established in 1988 and administered by the Massachusetts Department of Unemployment Assistance (DUA). The program assisted residents at or below 400% FPL[9] receiving unemployment benefits with maintaining or acquiring health insurance coverage, either by providing partial reimbursement of Consolidated Omnibus Budget Reconciliation Act (COBRA)[10] premiums or through direct coverage from a health plan that contracted with DUA to provide coverage for members enrolled in MSP. Although MSP was a DUA program, the Health Connector assisted DUA with its procurement for a contracted health plan (through which some members would directly receive coverage) and administration of MSP enrollment starting in 2011. As a result of the new subsidies available through the ACA, and the program consolidation that Massachusetts was able to initiate as part of its ACA implementation process, MSP was eliminated and members were transitioned to newly available coverage programs based on income; generally these included either MassHealth CarePlus or a subsidized QHP.

The HSN pays for medically necessary services provided at Massachusetts community health centers (CHCs) and hospitals for uninsured or underinsured Massachusetts residents with incomes at or below 400% FPL, regardless of citizenship or immigration status. The HSN is not an insurance program. However, the HSN pays all or part of the cost for any service that MassHealth Standard would cover at a hospital or CHC, depending on age and income. As part of the ACA implementation in Massachusetts, many individuals with HSN eligibility became eligible for health insurance programs, generally MassHealth CarePlus or Standard or a QHP subsidized program, depending on their income level.

9 It is important to note that the methodology used to calculate income for MSP eligibility and enrollment differed from that used for MassHealth or Health Connector programs. For purposes of determining MSP eligibility, income was based on actual income over the prior six months *as well as* projected income, including unemployment insurance payments, for the subsequent six months. Considering projected income in the one case but not in the other added complexity to the process of transitioning existing MSP members to MassHealth or subsidized QHPs.

10 COBRA is a federal law that allows individuals with prior employer-based insurance coverage to temporarily keep health coverage after the employment ends. If an individual elects COBRA coverage, the individual pays 100% of the premiums, including the share the employer used to pay, plus a small administrative fee.

BENEFITS

- For both MassHealth and the Health Connector programs, selection of an Essential Health Benefits (EHB) benchmark required by the ACA did not result in significant changes to program benefits, which were already quite comprehensive.
- Among individuals who moved from Health Connector coverage to MassHealth coverage or from one MassHealth program to another following implementation of the ACA, all individuals gained additional benefits or received the same or comparable benefits.

As part of ACA implementation, states were required to establish a minimum set of services or benefits, called Essential Health Benefits (EHBs), that were required to be covered by Medicaid and commercial small- and non-group insurance plans. By statute, these EHBs needed to include 10 categories of services,[11] but to assist states in specifying the scope of services to be covered within these categories, the U.S. Department of Health and Human Services (HHS) instructed states to define EHBs based upon identification of a state-specific "benchmark" plan. States were given a set of plan options from which they could select an EHB benchmark for their Medicaid and small- and non-group health insurance plans.[12]

MassHealth selected one benchmark plan for the Medicaid expansion population.[13] For the small- and non-group market, including plans offered through the Health Connector and directly through insurance carriers, the Division of Insurance selected one core benchmark plan and supplemented this plan with another plan to ensure inclusion of pediatric dental services as required by the ACA.[14] Selection of a benchmark plan and the transition to ACA-compliant insurance products did result in some modest changes to the benefits covered through some MassHealth and Health Connector programs, but these programs generally provided comprehensive coverage both before and after implementation of the ACA.[15]

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11 ACA § 1302. The EHBs are hospitalization; ambulatory patient services; emergency services; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

12 Center for Medicaid and CHIP Services, *Essential Health Benefits in the Medicaid Program*, November 2012; Center for Consumer Information and Insurance Oversight, Additional Information on Proposed State Essential Health Benefits Benchmark Plans. http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SMD-12-003.pdf.

13 MassHealth selected the 2012 Government Employees Health Association, Inc. (GEHA) benchmark for its Medicaid EHB benchmark and developed two benefit plans or Alternative Benefit Plans (ABPs) for individuals eligible for either Standard or CarePlus coverage that they demonstrated to HHS were in compliance with the selected benchmark. "ABP 1" is equivalent to pre-ACA MassHealth Standard benefits and is available for 19- and 20-year-olds, individuals with HIV, individuals who otherwise would be eligible for the Breast and Cervical Cancer Treatment Program, and individuals receiving services from the Department of Mental Health or on a waiting list to receive such services (previously Basic coverage). MassHealth CarePlus ABP is targeted toward adults ages 21-64 who do not fall into the special groups described above; benefits are the same as the Medicaid State Plan benefits except that the plan does not cover long-term services and supports, including long-term nursing facility services, adult day health, adult foster care, or day habilitation services, personal care, and intermediate care facility or private duty nursing services.

14 The Commonwealth selected Blue Cross Blue Shield of Massachusetts' HMO Blue plan as the commercial insurance benchmark plan and supplemented the plan with the pediatric dental benefit plan from the Commonwealth of Massachusetts Children's Health Insurance Program (CHIP).

15 The only benefit that was added to MassHealth Standard ABP as a result of the EHB requirement was acupuncture services for the treatment of pain; prior acupuncture coverage had been limited to treatment for substance use only. In addition, MassHealth clarified that the infertility benefit covers treatment for an underlying medical condition that may cause infertility, such as polycystic ovary syndrome. Treatment for infertility itself (for example, in vitro fertilization) is still not covered (information from correspondence with EOHHS staff, received January 29, 2015). Prior to implementation of the ACA, the Health Connector's Commonwealth Care program did not provide coverage for all state-mandated benefits. Following implementation of the ACA, the newly established ConnectorCare program has included coverage of state-mandated benefits.

All individuals who moved from pre-ACA to post-ACA subsidized programs, including individuals changing from Health Connector to MassHealth coverage or from one MassHealth program to another, gained additional benefits or received the same or comparable benefits. For example, individuals transitioning from Commonwealth Care to MassHealth CarePlus gained additional benefits, including hearing aids and non-emergency transportation services and, for those with income of 100% to 133% FPL, dental benefits. See the table in Appendix A for benefit details by coverage type or program.

In addition, post-ACA, the key differences between MassHealth and Health Connector programs remain. The MassHealth programs generally offer more comprehensive behavioral health and long-term care services and supports not typically covered by commercial plans, including services such as personal care, adult day health, and non-emergency transportation, though MassHealth does not cover infertility treatments, such as in vitro fertilization. Also, all Health Connector plans are now subject to state-mandated benefits (now included as part of the benchmark plan design), including coverage of infertility treatments.

COST SHARING

- MassHealth cost-sharing requirements did not change based on the ACA.
- Cost sharing for MassHealth programs is generally lower than cost sharing for Health Connector subsidized programs, except that the level of cost sharing for individuals with incomes less than 100% FPL is comparable across the two programs.
- Cost sharing within Health Connector subsidized programs varies, in part, based on choices made by eligible individuals. These choices include health plan selected, the tier or metal level of coverage selected, and the amount of tax credit that is applied to monthly premiums. However, point-of-service cost sharing is consistent—within specified income cohorts—among plans that participate in ConnectorCare.

For the purposes of this issue brief, cost sharing includes consideration of monthly premiums, co-payments at the point of service, and deductibles.[16] Cost-sharing amounts for MassHealth coverage through contracted health plans did not change due to the ACA. MassHealth coverage types have co-payments only for pharmacy ($1 for prescriptions and refills of certain generic or over-the-counter prescriptions and $3.65 for all other generic, brand-named, and over-the-counter drugs covered by MassHealth) and $3 for acute inpatient stays.[17] Some coverage types require some members to contribute toward their premiums; these contributions vary based on income level.

16 Premiums are monthly payments for health insurance coverage. Co-payments are fixed dollar amounts paid directly to a doctor, hospital, or pharmacy at the time a health care service is received. Deductibles are the amount paid for health care services before the plan starts to pay for a covered service.

17 See MassHealth co-payments as of January 1, 2014, in accordance with 130 CMR 450.130 at http://www.mass.gov/eohhs/docs/masshealth/transletters-2013/all-205.pdf.

Because of the state's creation of the ConnectorCare program and the intentional decision to mimic Commonwealth Care program design, implementation of the ACA did not result in changes to cost sharing for individuals eligible for this program. For Commonwealth Care eligible individuals, co-payment levels varied only based on income (see Table 2 for an illustration based on a sample of benefits), and premiums were impacted only by a member's income and choice of health plan. The ConnectorCare program is structured such that the member experience is similar.[18] For example, for individuals eligible for ConnectorCare with incomes of 150% to 200% FPL (plan type 2B), co-payments are the same across all plan options, while 2015 monthly premiums could vary from $40 to $125, depending on whether the individuals selected the lowest- or highest-cost plan in their geographic area.

TABLE 2. SAMPLE OF CONNECTORCARE BENEFITS AND CO-PAYMENTS

INCOME LEVEL (% FPL)	0%–100%	100%–200%	200%–300%
Primary care visit	$0	$10	$15
Emergency room services	$0	$50	$100
Inpatient hospital services	$0	$50	$250

However, for individuals eligible for QHP with APTC, co-payments and premiums vary based on:

- Geography, or where an individual or a family lives
- Metal level,[19] with platinum plans generally having the highest premiums and lowest co-payments and bronze plans having the lowest premiums and highest co-payments or co-insurance
- Health plan option, since premium levels and co-payments and/or co-insurance vary even within the same metal tier
- Amount of APTC to apply toward monthly premiums[20]

As part of the procurement in 2011 for MSP, the program was restructured to mirror the Commonwealth Care program's cost sharing, through the elimination of deductibles and large reductions to maximum out-of-pocket limits. As a result, individuals previously enrolled in MSP who are now eligible for MassHealth or Health Connector programs may experience some changes with respect to cost-sharing arrangements. Specifically, individuals moving from MSP to MassHealth will experience lower cost sharing, while those moving to the ConnectorCare program will experience comparable cost sharing if they take advantage of the full subsidies available and select a lowest-cost health plan.

18 One important difference between Commonwealth Care and ConnectorCare occurs because the latter is based upon the federal provision of APTC. Since eligible individuals are able to decide how much of the APTC for which they are eligible they wish to apply toward their monthly premium, it is possible for individuals to choose to decrease their APTC amount, and subsequently their premium for a ConnectorCare plan will increase.

19 ConnectorCare silver-level plans are offered to ConnectorCare eligible individuals without requiring them to specifically choose the silver-level tier. However, if they choose to enroll with a non-ConnectorCare plan, they will need to select a metal tier.

20 Individuals eligible for an Advance Premium Tax Credit can choose to apply some, all, or none of their tax credit toward their monthly premiums with the Health Connector.

HEALTH PLAN OPTIONS

- In most cases, the same health plans participated in MassHealth and Health Connector programs pre- and post-ACA implementation, allowing continuity of health plan for members as they transitioned between the Health Connector and MassHealth subsidized programs.
- MassHealth offered individuals eligible for its new expansion program, CarePlus, the option to choose among its six contracted health plans. For those individuals eligible for Essential and Basic coverage types prior to the ACA who had been enrolled with the state-administered Primary Care Clinician (PCC) Plan, they needed to choose a new health plan when they transitioned to CarePlus on January 1, 2014.

Four health plans provided services to both MassHealth comprehensive coverage types and Health Connector subsidized programs in the years immediately following passage of the state's Chapter 58 health reform initiative. These plans were Boston Medical Center (BMC) HealthNet Plan, Fallon Community Health Plan, Neighborhood Health Plan, and Network Health (Tufts Health Plan).[21] Health New England was also a health plan option in the MassHealth program, but not through the Health Connector's Commonwealth Care program. Conversely, in 2009, CeltiCare Health Plan began participating in the Commonwealth Care program but did not provide services through the MassHealth program. However, CeltiCare Health Plan was awarded a MassHealth CarePlus contract to begin providing services for CarePlus members as of January 1, 2014. The addition of this plan to MassHealth, the addition of Health New England to ConnectorCare, and the continued participation in both MassHealth and ConnectorCare among the previously mentioned health plans in similar or expanded geographic regions following ACA implementation have allowed most members to choose to enroll with the same plan if they transitioned from Commonwealth Care to CarePlus.[22]

Minuteman Health became a new Health Connector QHP in 2014 and was selected to participate in the ConnectorCare program. As a result, in some regions of the state, as members transitioned from Commonwealth Care to ConnectorCare, Minuteman Health became a new option.

In terms of changes in plan choice among those who transitioned from one MassHealth program to another, there were some populations who had fewer health plan options available to them after implementation of the ACA. Prior to implementation of CarePlus in 2014, MassHealth had contracted with five health plans—BMC HealthNet Plan, Fallon Community Health Plan, Health New England, Neighborhood Health Plan, and Network Health (Tufts Health Plan)—and also offered the PCC Plan for all of its comprehensive coverage types. With CarePlus implementation, MassHealth chose to offer only the contracted health plans, and not the PCC Plan. As a consequence, individuals enrolled in the PCC Plan needed to select a new health plan as part of their transition to CarePlus.

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21 Network Health participated in both the MassHealth and Health Connector subsidized programs. In 2011, Tufts Health Plan acquired Network Health.

22 MassHealth and the Health Connector rely on a procurement and seal of approval process, respectively, to select those health plans that will provide services to members. Therefore, plan options are subject to change, pending the outcome of these processes.

With respect to the impact on plan choice among those previously eligible for MSP, those who transitioned to MassHealth or ConnectorCare had the ability to remain enrolled in their previous plan. The MSP program had been offered exclusively by Network Health prior to ACA implementation. Network Health has been a longstanding participant as both a MassHealth and a Health Connector plan, and it remained so after ACA implementation, so any MSP members who wanted to stay enrolled with Network Health post-ACA could do so, while also gaining access to several new health plan options.

Table 3 illustrates the health plans participating in the various MassHealth and Health Connector programs before and after ACA implementation. Programs eliminated as a result of ACA implementation are included with an asterisk.

TABLE 3. HEALTH PLAN OPTIONS BY COVERAGE TYPE/PROGRAM

Administering Agency	MassHealth		Health Connector			
Health Plan/ Program	**Standard Family Assistance CommonHealth Basic* Essential***	**CarePlus**	**Commonwealth Care***	**ConnectorCare**	**QHP with APTC**	**Medical Security Program*†**
Number of health plans	**6**	**6**	**5**	**7**	**11**	**1**
Blue Cross Blue Shield					✓	
BMC Health Net Plan	✓	✓	✓	✓	✓	
CeltiCare Health Plan		✓	✓	✓	✓	
Fallon Community Health Plan	✓	✓	✓	✓	✓	
Harvard Pilgrim Health Care					✓	
Health New England (HNE)	✓	✓		✓	✓	
Minuteman Health				✓	✓	
Neighborhood Health Plan	✓	✓	✓	✓	✓	
Network Health (Tufts Health Plan)	✓	✓	✓	✓	✓	✓
Primary Care Clinician (PCC) Plan	✓					
Tufts Health Plan					✓	
UnitedHealthcare					✓	

***** Program eliminated due to ACA implementation.

† The Medical Security Program (MSP) was originally offered by the Division of Unemployment Assistance, but the Health Connector was responsible for its reprocurement and enrollment administration as of 2011.

DISCUSSION

Depending on what subsidized coverage program an individual was in prior to ACA implementation in Massachusetts, the experience with the transition process to new coverage varied. Some individuals needed to manage few changes, while others experienced a number of changes.

Eligibility changes due to ACA implementation for both MassHealth and the Health Connector included the elimination of certain pre-ACA coverage options as well as the establishment of new programs. MassHealth took the opportunity to consolidate many of its pre-ACA coverage types following new Medicaid expansion rules and also created CarePlus and the Small Business Employee Premium Assistance Program. The Health Connector eliminated its Commonwealth Care and Commonwealth Choice programs but created its QHP programs: ConnectorCare, QHP with APTC, and QHP without APTC.

In terms of benefits, the establishment of new federal rules requiring a minimum set of benefits for Medicaid and individual and small-group markets means that most health insurance programs offered in Massachusetts now include the same core benefits. MassHealth has historically covered certain services that were not covered by commercial plans in order to meet the unique needs of its populations, including long-term care services and supports (for certain coverage types), routine adult dental services, and non-emergency transportation, and it will continue to do so in the future. In addition, certain state-mandated benefits that were included in the commercial EHB benchmark, such as treatment for infertility, were not covered in the Medicaid benchmark benefits. This means that there remain some benefit differences between MassHealth and Health Connector administered programs, but these only impact a small set of services.

Cost sharing for individuals and families moving from a non-MassHealth administered subsidized insurance program (e.g., Commonwealth Care or MSP) to MassHealth coverage types largely had the same or lower cost-sharing requirements with their new coverage. However, for those individuals changing to QHP programs, specifically QHPs with APTC, the design of these programs allows for voluntary decisions about factors that have cost-sharing implications, such as choice of health plans or how much APTC subsidy to apply to monthly premiums. Individuals previously enrolled in Commonwealth Care had experience navigating health plan choices; however, individuals previously covered by MSP may not have navigated these types of options recently and may have experienced greater challenges.

As for health plan option availability for those enrolled in subsidized programs following implementation of the ACA, there is a core set of health plans serving both MassHealth and Health Connector programs, allowing continuity in health plan for most individuals transitioning to new ACA programs. Differences in availability of CeltiCare and MassHealth's PCC Plan presented the biggest changes for members. CeltiCare is now available to individuals enrolled in MassHealth CarePlus, while the PCC Plan is only available for MassHealth non-CarePlus coverage types.

Overall, it is likely that the majority of those individuals experiencing transitions in subsidized coverage as a result of ACA implementation experienced enhanced or comparable program design when considering all of these factors. However, the groups transitioning to MassHealth

programs may have had a less challenging experience with their initial transition, given that they had minimal benefit changes, similar or lower cost sharing, and mostly comparable health plan options, and generally were not required to reapply for coverage. For those groups changing to or within Health Connector programs, the transition may have been more challenging because of federal rules requiring reapplication and the need to manage more differences with respect to cost-sharing choices (e.g., if/how much APTC to apply) and health plan options. Although those transitioning to the Health Connector may have had more challenges relative to the MassHealth population, the state's commitment to provide the ConnectorCare eligible population with wrap-around subsidies additional to the QHP federal subsidies has made possible a more generous program than other states have, and the program is administered in such a way as to preserve the experience and design of the Commonwealth Care program.

APPENDIX A

TABLE A1. TRANSITION COMPARISON PRE- TO POST-ACA SUBSIDIZED COVERAGE PROGRAMS

Pre-2014 Program	Post-2014 Program	Pre-2014 Enrollment*	Benefits	Member Cost Sharing/ Affordability	Health Plan Options	Transition Process
CHILDLESS ADULTS WHO ARE LONG-TERM UNEMPLOYED AND RECEIVING SERVICES FROM THE DEPARTMENT OF MENTAL HEALTH (DMH), AND INDIVIDUALS RECEIVING CASH ASSISTANCE FROM THE DEPARTMENT OF TRANSITIONAL ASSISTANCE (EMERGENCY ASSISTANCE TO ELDERLY, DISABLED AND CHILDREN [EAEDC])						
0–100% FPL: MassHealth Basic	19–20 years old or DMH; 0–100% FPL: MassHealth Standard/ABP 1	580	More	Same	Same	1/1/2014 auto move
	EAEDC, 0–100% FPL: MassHealth CarePlus	3,200	More	Same	Mixed (PCC Plan no longer available, CeltiCare available)	1/1/2014 auto move
CHILDLESS ADULTS WHO ARE LONG-TERM UNEMPLOYED AND NOT ELIGIBLE FOR UNEMPLOYMENT ASSISTANCE						
0–100% FPL: MassHealth Essential	19–20 years old; 0–100% FPL: MassHealth Standard/ABP 1	7,800	More	Same	Same	1/1/2014 auto move
	0–100% FPL: MassHealth CarePlus	112,000	More	Same	Mixed (PCC Plan no longer available, CeltiCare available)	1/1/2014 auto move
INDIVIDUALS ELIGIBLE FOR UNEMPLOYMENT COMPENSATION						
0–400% FPL: Medical Security Program	0–133% FPL: MassHealth CarePlus	7,895	More	Same	More	2014 stayed with MSP. Needed to apply for 1/1/2015 coverage
	134–300% FPL: ConnectorCare		Same	Varies by choice	More	2014 stayed with MSP. Needed to apply for 1/1/2015 coverage
	301–400% FPL: QHP with APTC		Same	Varies by choice	More	2014 stayed with MSP. Needed to apply for 1/1/2015 coverage

(continued)

***** Based on population estimates provided by EOHHS and Health Connector staff via email on February 7 and 25, 2015.

TABLE A1. TRANSITION COMPARISON PRE- TO POST-ACA SUBSIDIZED COVERAGE PROGRAMS *(continued)*

Pre-2014 Program	Post-2014 Program	Pre-2014 Enrollment*	Benefits	Member Cost Sharing/ Affordability	Health Plan Options	Transition Process
LOW-INCOME ADULTS NOT PREVIOUSLY ELIGIBLE FOR MASSHEALTH						
0–300% FPL: Commonwealth Care	19–20 years old, 0–133% FPL: MassHealth Standard/ABP 1	5,361	More	<100% FPL, Same	Mixed (HNE available in some regions, PCC Plan available, CeltiCare no longer available)	1/1/2014 auto move
	19–20 years old, 134–150% FPL: MassHealth Standard	268	More	Lower	Mixed (HNE available in some regions, PCC Plan available, CeltiCare no longer available)	1/1/2014 auto move
	21–64 years old, 0–133% FPL: MassHealth CarePlus	91,382	More	<100% FPL, Same 100%–133% FPL, Lower	Same/More (HNE in some regions)	1/1/2014 auto move
	19–20 years old, 151–300% FPL: ConnectorCare	404	More	Same or varies by choice, if does not use max APTC	More (Minuteman, HNE)	2014 stayed with Commonwealth Care. Needed to apply for 1/1/2015 coverage
	21–64 years old, 134%–300% FPL: ConnectorCare	82,299	More	Same or varies by choice, if does not use max APTC	More (Minuteman, HNE)	2014 stayed with Commonwealth Care. Needed to apply for 1/1/2015 coverage
LAWFULLY PRESENT IMMIGRANTS						
0–300% FPL: Commonwealth Care	0%–300% FPL: ConnectorCare	29,860	More	Same or varies by choice, if does not use max APTC	More (Minuteman, HNE)	2014 stayed with Commonwealth Care. Needed to apply for 1/1/2015 coverage

(continued)

***** Based on population estimates provided by EOHHS and Health Connector staff via email on February 7 and 25, 2015.

TABLE A1. TRANSITION COMPARISON PRE- TO POST-ACA SUBSIDIZED COVERAGE PROGRAMS *(continued)*

Pre-2014 Program	Post-2014 Program	Pre-2014 Enrollment*	Benefits	Member Cost Sharing/ Affordability	Health Plan Options	Transition Process
HEALTH SAFETY NET (NOT PREVIOUSLY ELIGIBLE FOR COMMONWEALTH CARE DUE TO ACCESS TO INSURANCE OR INCOME LEVEL)						
0–400% FPL: Health Safety Net †	19–20 years old, 0%–150% FPL: MassHealth Standard	11,580	More	Same	More	
	21–64 years old, 0%–133% FPL: MassHealth CarePlus	19,170	More	Same	More	1/1/2014 auto move
	21–64 years old, 134%–300% FPL: ConnectorCare	40,000	More	Higher co-pays and premiums. Eliminated deductibles	More	Needed to apply for 1/1/2015 coverage
	300%–400%FPL: QHP with APTC	17,000	More	Higher co-pays and premiums. Eliminated deductibles	More	
LOW-INCOME PREGNANT WOMEN						
0–200% FPL: Healthy Start	0%–200% FPL: MassHealth Standard	4,670	More	Same	More	1/1/2014 auto move
HIV-POSITIVE INDIVIDUALS						
0–200% FPL: MassHealth HIV Family Assistance	0%–133% FPL: MassHealth Standard	1,220	More	Same	Same	1/1/2014 auto move
	134%–200% FPL: MassHealth Family Assistance	No change				
INDIVIDUALS WORKING FOR SMALL EMPLOYERS RECEIVING PREMIUM ASSISTANCE						
0–300% FPL: Insurance Partnership	0%–133% FPL: MassHealth CarePlus	450	Insurance Partnership benefits varied	Same	Unknown	1/1/2014 auto move
	133%–300% FPL: ConnectorCare	Not available	Insurance Partnership benefits varied	More	More	Needed to apply for 1/1/2014 coverage
	133%–300% FPL: MassHealth Small Business Employee Premium Assistance Program	1,800	Same	More	Same	1/1/2014 auto move

***** Based on population estimates provided by EOHHS and Health Connector staff via email on February 7 and 25, 2015.

† HSN enrollment numbers may be understated in some instances because they do not include Commonwealth Care eligible individuals who had not enrolled but still had HSN eligibility. Estimates include the population eligible for HSN targeted by the state's outreach processes, in order to be inclusive of all individuals who could have been eligible. The Commonwealth did not expect the whole population to be eligible, due to factors such as already finding alternative coverage or immigration status exclusions.

GLOSSARY

Advance Premium Tax Credits (APTC): APTC can help individuals and families afford coverage bought through the Health Connector. Unlike tax credits that individuals claim when they file their taxes, these tax credits can be used right away to lower monthly premium costs.

Alternative Benefit Plans (ABPs): States have the option to provide alternative benefits specifically tailored to meet the needs of certain Medicaid population groups, target residents in certain areas of the state, or provide services through specific delivery systems instead of following the traditional Medicaid benefit plan. All individuals in the Medicaid expansion group are required to be enrolled in an ABP.

Children's Health Insurance Program (CHIP): CHIP is an insurance program jointly funded by the state and federal governments that provides health coverage to low-income children and, in some states, pregnant women in families who earn too much income to qualify for Medicaid but can't afford to purchase private health insurance coverage.

Cost-Sharing Reductions (CSRs): CSRs are a discount that lowers the amount individuals have to pay out-of-pocket for deductibles, co-insurance, and co-payments. Individuals can get this reduction if they get health insurance through the Health Connector, their income is below 250% FPL, and they choose a health plan from the silver plan category. Through the development of the ConnectorCare program in Massachusetts, federal CSRs for those with income up to 250% FPL are further subsidized by the state, and the state additionally provides CSRs for individuals with income from 250% to 300% FPL.

Essential Health Benefits (EHBs): The ACA ensures that health plans offered in the individual and small-group markets offer a comprehensive package of benefits, known as EHBs. EHBs must include items and services within at least the following 10 categories: ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care. States expanding their Medicaid programs must provide these benefits to people newly eligible for Medicaid.

Executive Office of Health and Human Services (EOHHS): EOHHS is the Massachusetts cabinet-level agency in charge of health and human service programs and policy development. EOHHS administers the Massachusetts Medicaid and CHIP programs.

Federal Medical Assistance Percentages (FMAPs): FMAPs are used in determining the amount of federal matching funds for state expenditures for assistance payments for certain social services and state medical and medical insurance expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the FMAPs each year.

Federal Poverty Level (FPL): FPL is a measure of income level issued annually by the Department of Health and Human Services. The federal poverty level is used to determine eligibility for certain programs and benefits.

Health Safety Net (HSN): HSN pays for medically necessary services provided at Massachusetts community health centers (CHCs) and hospitals for uninsured or underinsured Massachusetts residents with incomes at or below 400% FPL, regardless of citizenship or immigration status. The HSN is not an insurance program. However, the HSN pays all or part of the cost for any service that would be covered by MassHealth Standard at hospitals and CHCs, depending on age and income.

Massachusetts Department of Unemployment Assistance (DUA): DUA administers the unemployment insurance program, which provides temporary income assistance to Massachusetts workers who are unemployed through no fault of their own and who are able to work, available for work, and looking for a job.

Medical Security Program (MSP): MSP was a health insurance assistance program established in an early health reform effort in Massachusetts administered by the Massachusetts Department of Unemployment Assistance (DUA). The program assisted residents at or below 400% FPL receiving unemployment benefits with maintaining or acquiring health insurance coverage, either by providing partial reimbursement of existing health insurance premiums or through direct coverage from a health plan that contracted with DUA to provide coverage for members enrolled in MSP.

Modified Adjusted Gross Income (MAGI): MAGI is a figure used to determine eligibility for subsidies in the Health Connector and for Medicaid and CHIP. Generally, MAGI is an individual's adjusted gross income plus any tax-exempt Social Security, interest, or foreign income he or she may have.

Patient Protection and Affordable Care Act (ACA): The ACA is the comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010, and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name "Affordable Care Act" is used to refer to the final, amended version of the law.

Qualified Health Plan (QHP): Under the Affordable Care Act, starting in 2014, a QHP is an insurance plan that is certified by the Health Connector, provides essential health benefits, follows established limits on cost sharing (like deductibles, co-payments, and out-of-pocket maximum amounts), and meets other requirements. A QHP must have a certification by each marketplace in which it is sold.

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