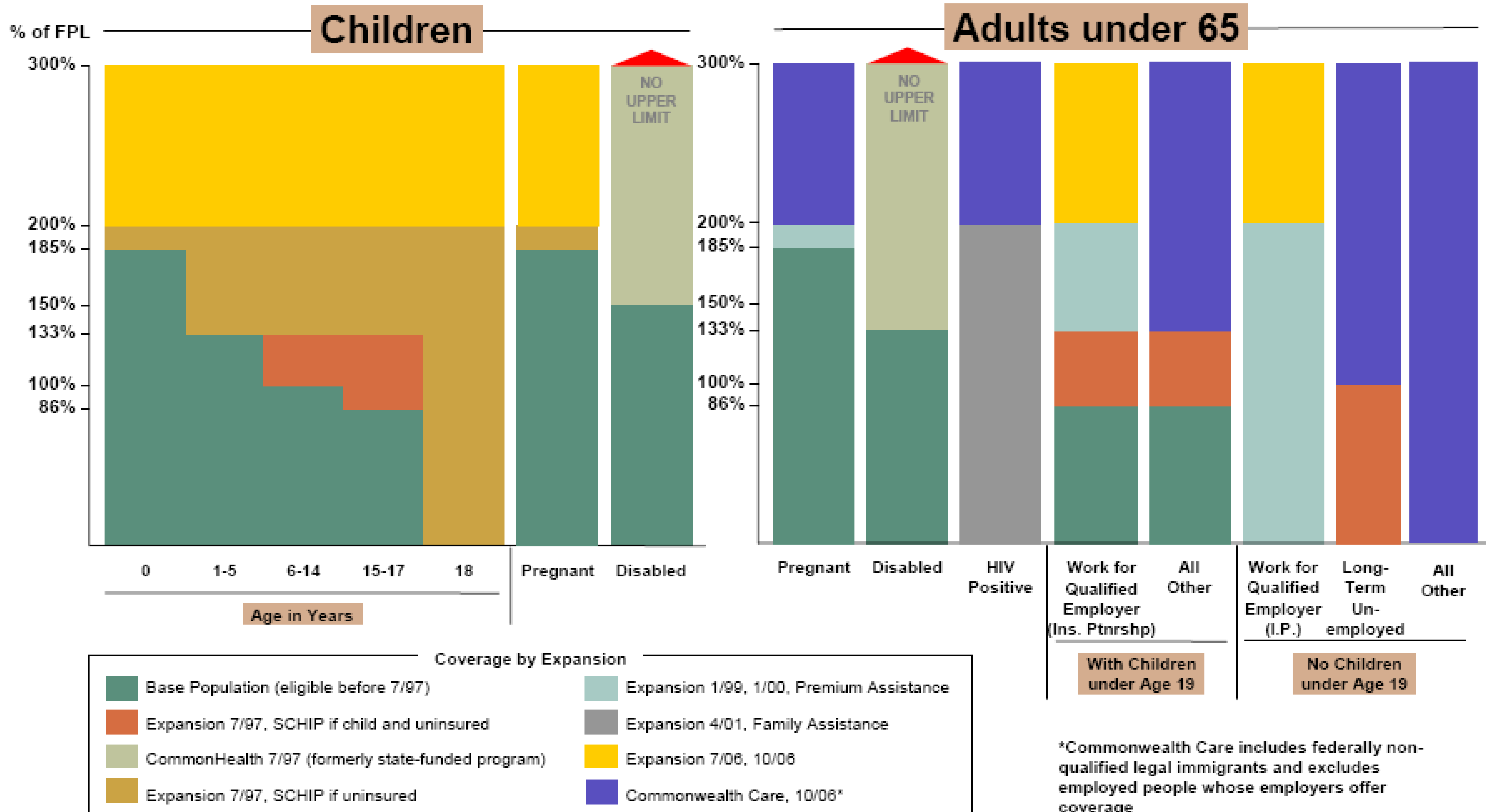
1199SEIU
United Healthcare Workers East

MA HC Reform
November 2011

Who is covered by MA HCR and receives a subsidy?

- Anyone without Employer Sponsored Insurance, making under 300% FPL ($33,000).
- Additionally, AWIS for the first few years (documented immigrants with less than 5 years residency).
- Cap lifted off Medicaid enrollment

MassHealth Eligibility Overview



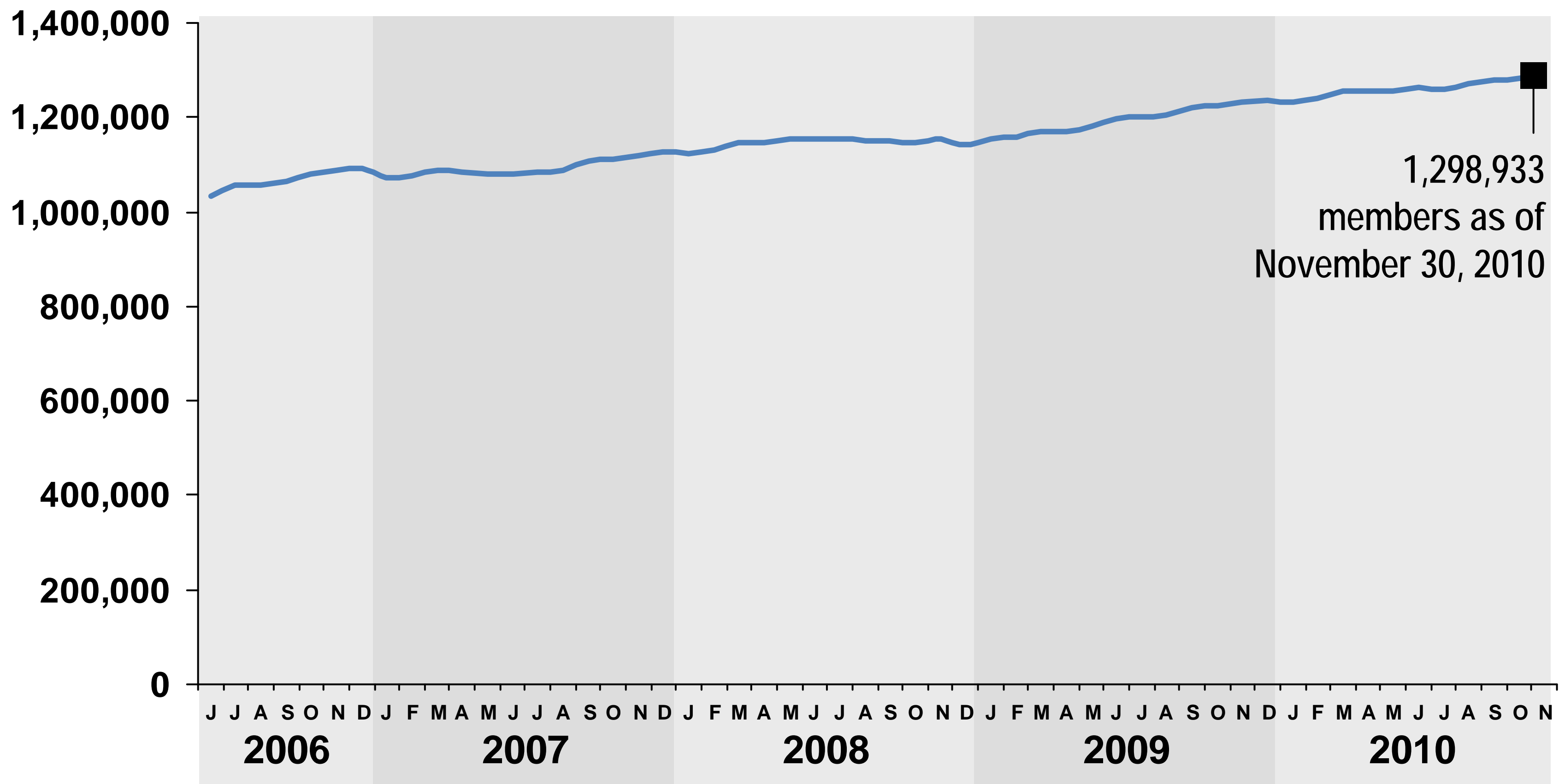
Source: EOHHS

Center for Health Law and Economics, Commonwealth Medicine, January 2008

Adapted from material developed by the Massachusetts Medicaid Policy Institute and MassHealth

Monthly Snapshot of MassHealth Enrollment

June 30, 2006 – November 30, 2010



Data Source: EOHHS, Office of Medicaid, Monthly Enrollment Snapshot Report, November 30, 2010.

MassHealth and CommCare

- Have the same benefits
- Have a high level of benefits, better than many private plans, with few co-pays or deductibles
- Comm Care is free for anyone under 150% FPL.
- Graduated increase in premiums-$39-$77-$116 for those with incomes closer to 300%

Worry # 1 – We don't want to provide insurance that is less than what is available through MassHealth and CommCare

The State/Feds are already paying the cost of most of insurance through Medicaid and CommCare with very high benefits and few patient co-pays. We do not want to loose that contribution.

- Have you compared what is offered by Medicaid, or BHP to what you offer? Medicaid differs state-to-state
- We believe Medicaid and State/Basic Health Plan needs to be linked to, and like, Medicaid to avoid churning

Worry # 2 – We don't want to lose what the feds will contribute under the ACA to subsidized care

The State/Feds were already paying 50% of the cost of insurance through Medicaid and CommCare. Under the ACA that will go from 50/50 to as high as 10/90

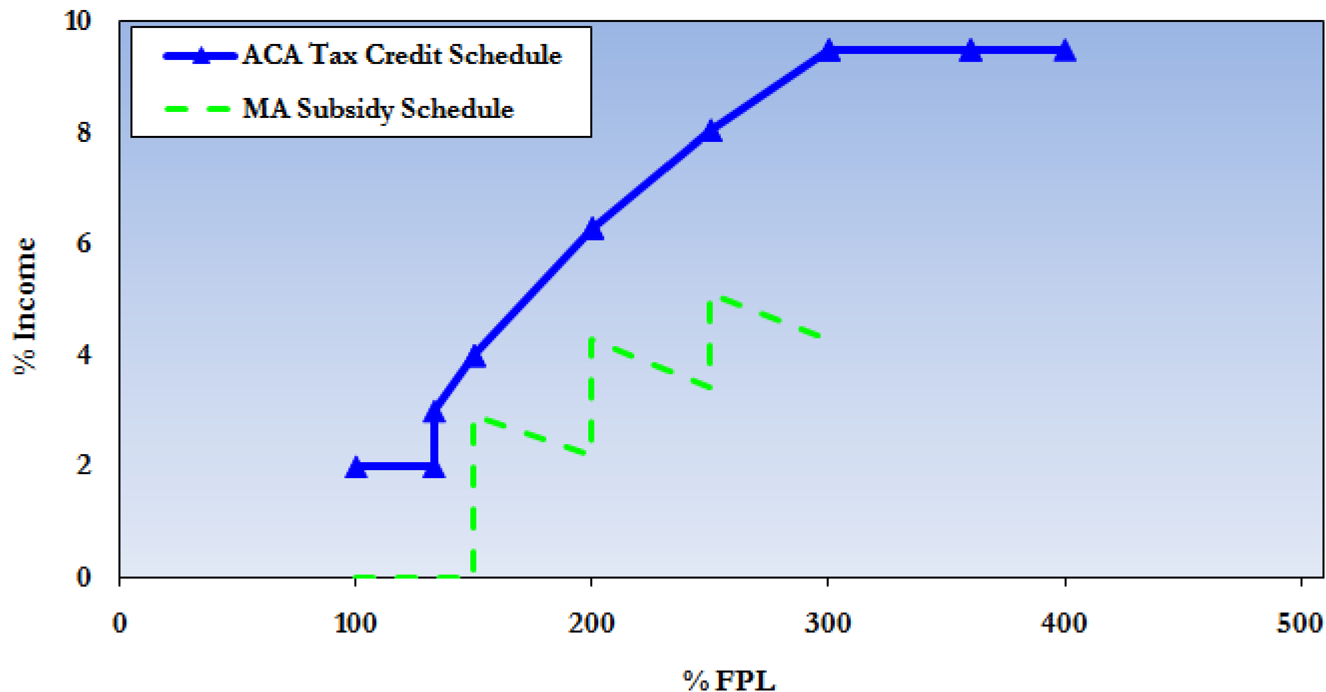
* We want to capture as much federal funding as possible for our programs. Additionally, Immigrants with Special Status will receive federal match under ACA, and do not now in MA and have a lesser plan.

Worry #3 – You need to know who your uninsured are.

To understanding the financing and needs of patients, you need to know what their income and demographics are to provide the best coverage. Even after reform, 60% of the uninsured are under 150% FPL.

Lesson # 5: MA HCR law is better than ACA

- The coverage we provide is a higher standard
- Our premium rates are more affordable
- Our co-pays are smaller
- After 300% though, no subsidies available in MA



Lesson #6: Medicaid operates differently from private insurance

- Because Medicaid is an entitlement program, it can give retroactive coverage as individuals are going through the eligibility process. There are no "waiting periods".
- Private insurance does not start until the first month it is paid (and often has initial waiting periods).
- There is always a cliff when someone moves from Medicaid to private insurance - in cost, in benefits, and in how quickly they can use the coverage.
- If you create a Basic Health Plan, there is a large cliff at 200% of FPL.

Lesson #7: MA has had a successful form of Exchange governance

- We have a 10 member board, of both administration and stakeholders
- We have learned to reach consensus on most issues, creating willingness to compromise, a sense of shared responsibility, and a "political" buffer to the legislature and administration.
- Our compromises and willingness to change has meant a lot of success.

Lesson #8: Less choice, and clear choices is what consumers want

- For private insurance, we originally allowed for so many choices that consumers didn't understand what they were buying.
- This lead us to standardize levels of coverage, so consumers could compare apples-to-apples coverage.
- We made our web site easier to compare, and with lots of prompts to explain what terms meant. www.mahealthconnector.org

ACA issues to face:

- Who will be covered under Medicaid and BHP (if a BHP is created) in 2014?
- How affordable will it be compared to ESI-premiums, deductibles and co-pays?
- What federal $$'s will be lost by not using a BHP or Exchange credits (at least to 200% FPL)
- How will families be covered?
- How will undocumented immigrants be covered if not through ESI?
- Will Medicaid and BHP coverage mean less churn and allow for more consistent coverage?