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# **Repeal of Regulations Governing the Commonwealth Care Program (VOTE)**

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Board of Directors Meeting, April 9, 2015

# Background and Agenda



- Health Connector staff recommends the draft repeal of regulations governing the now-closed Commonwealth Care program at 956 CMR 2.00 (Medicaid Managed Care Organization (MMCO) Participation in the Commonwealth Care Health Insurance Program) and 956 CMR 3.00 (Eligibility and Hearing Process for Commonwealth Care)
- The Massachusetts General Court repealed the enabling statute for the Commonwealth Care program and accompanying cross-references in light of federal reforms enacted pursuant to the Affordable Care Act (ACA)
- As such, repeal of the regulations is an act of technical “clean-up” to align with statutory changes made by the Massachusetts General Court in 2013

# Background on Commonwealth Care Program



- Massachusetts statutory authority required the Health Connector to provide subsidies to individuals with incomes less than 300 percent of the Federal Poverty Level (FPL) who did not have access to insurance from another source
- With implementation of the Affordable Care Act, Commonwealth Care has since been replaced with a new ACA-compliant program called “ConnectorCare” modeled after the Commonwealth Care program from a consumer-facing perspective
  - The Massachusetts Legislature authorized the Health Connector to establish the ConnectorCare program and repealed the Commonwealth Care statute in 2013\*
  - Regulations enacted by this Board in October 2013 were modeled after the regulations that Health Connector staff are proposing to repeal, modified predominately to align with ACA policies
- The Commonwealth Care program closed to new members on December 31, 2013 and officially closed to all enrollment on January 31, 2015 once those individuals could transition into ACA-compliant coverage


# Overview of Regulations/Policies





Regulation	Policy	Reason for Statutory Repeal
<b>Medicaid MCO Participation in Commonwealth Care</b> 956 CMR 2.00	As part of Chapter 58 of the Acts of 2006, this regulation governed the process under which the Medicaid Managed Care Organizations would be selected to provide coverage for Commonwealth Care members	In light of ACA implementation, the General Court repealed the existing Commonwealth Care statute, G.L. c. 118H effective January 1, 2014. See St. 2013, c. 35, § 35.
<b>Eligibility and Hearing Process for Commonwealth Care</b> 956 CMR 3.00	As part of Chapter 58 of the Acts of 2006, this regulation established the income level requirements and other eligibility factors for individual's participation in Commonwealth Care as well as program responsibilities, enrollment process, and premium payment process. The regulations also describe the hearing process for applicants and enrollees	In light of ACA implementation, the General Court repealed the existing Commonwealth Care statute, G.L. c. 118H effective January 1, 2014. See St. 2013, c. 35, § 35.

# Timeline

## April


 Friday, April 3  
Send BOD memo on repeal

 Thursday, April 9  
BOD votes on draft repeal of Commonwealth Care regulations


 Friday, April 10  
Send notice and regulations to Local Government Advisory Committee (35 days before hearing; 14 days before publishing notice)

*Notice and Comment period (starts with first notice and ends after hearing)*





 Friday, April 24  
File small business impact statement and notice of public hearing, along with draft repeal of regulations for publication with the Regulations Division  
Publish notice in local newspaper, etc.

## May


 Tuesday, May 19  
• Hold public hearing


## June

 Thursday, June 5  
Send BOD final regulation memo

 Wednesday, June 10  
File amended small business impact statement

 Thursday, June 11  
BOD votes on Final repeal of Commonwealth Care regulations

 Friday, June 19  
Filing deadline for publication in Mass Register

 Friday, July 3 – Final repeal of Commonwealth Care regulations effective

# Staff Recommendation



- Staff recommends that the Board repeal the following regulations:
  - 956 CMR 2.00 (Medicaid MCO Participation in Commonwealth Care)
  - 956 CMR 3.00 (Eligibility and Hearing Process for Commonwealth Care)

# VOTE



***Move that the Board approve the draft repeal of 956 CMR 2.00 (Medicaid MCO Participation in Commonwealth Care) and 956 CMR 3.00 (Eligibility and Hearing Process for Commonwealth Care), as set forth in the staff recommendation.***