



PROPOSED CHANGES TO THE MASS HEALTH CARE REFORM MINIMUM CREDITABLE COVERAGE (MCC) REQUIREMENT

The Health Connector Board met in early July, 2008 and among the agenda items was consideration of an amended MCC regulation (956 CMR 5.00) proposed by the Connector staff. After much discussion, the draft amended MCC regulation was adopted by the Connector Board, without endorsement, to permit the draft regulation process to move forward with a public comment period and a public hearing on the draft regulation. The public hearing took place on September 9, 2008. The Board will likely vote on a final version of the draft regulation during its October meeting. Connector staff are reviewing the public comments received and will revise the draft regulation accordingly after considering the public comments and sharing them with the Board. A link to the draft amended regulation can be found at the end of this document.

There are roughly ten areas in the MCC regulation that contain proposed revisions, as summarized below.

- Definition of Health Benefit Plan

Expands the definition of "Health Benefit Plan" to include insured plans issued in any state other than Massachusetts.

- Preventive Care Provided Prior to Deductible

Allows health benefit plans with a deductible to use either the 3/6 preventive care visit standard included in the current regulations or a schedule of frequency that meets nationally recognized standards.

- Coverage Effective Dates

Clarifies that any health benefit plan will satisfy MCC requirements through December 31, 2008, and that the new MCC standards take effect January 1, 2009.

- Broad Range of Medical Benefits

Provides guidance and new requirements with regard to the types of services that, at a minimum, constitute a "broad range of medical benefits;" representing a core group that all health plans should cover in order to meet MCC.

- Aggregate of Multiple Health Benefit Plans

Clarifies that an individual may be covered by more than one health benefit plan that, as a stand-alone benefits package, may not meet MCC, but when combined with other health benefits plans would satisfy the MCC requirements.

- High Deductible Health Plans (HDHP) and HSAs

Effective January 1, 2010, new requirement that the plan of benefits provided for in HDHP/HSA-qualified plans include a broad range of medical benefits, pursuant to the MCC regulation.



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- Traditional Indemnity, Non-Network Plans

Clarifies that a health benefit plan not utilizing a network of providers (e.g., traditional indemnity plan) must meet the “in-network” standards noted in the MCC regulation (e.g., maximum deductible, out-of-pocket maximum, etc.) to be considered MCC.

- Annual Maximum Benefit Limits

Clarifies that while overall annual and per illness limits are not permitted, limits on services that are not considered “core services” are allowed.

- Indemnity Fee Schedules

Clarifies that indemnity plans are permitted but that indemnity fee schedules must be based on reasonable and customary charges or other contractual arrangements between providers and the health plan.

- Expansion of Safe Harbor List of Health Coverages that are Deemed to Meet MCC

Adds health coverage provided by the US Veterans Administration, and health plans offered to members of the AmeriCorps National Service Network and National Civilian Community Corps to the list of health coverages that are deemed to be MCC.

For copies of the current final and draft proposed MCC regulations (956 CMR 5.00), click on the following link: [Current and Proposed Regulations](#)

Please contact me if you have any questions or comments.

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