

## **Covering Children and their Parents** The Massachusetts Model and Implications for National Health Reform

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### **Introduction**

As Congress continues to focus on a final health reform package, one of many issues remaining in the national health care debate is how the Children's Health Insurance Program (CHIP) may be incorporated into the reformed health care system. Some favor ending CHIP and moving children from CHIP into either Medicaid or the new Health Insurance Exchange (Exchange), while others support maintaining and building on the current CHIP program.

Through its landmark health reform legislation enacted in 2006, Massachusetts has made great strides towards providing health coverage for all of its residents. The total rate of uninsurance in the state is 2.6%.<sup>1</sup> The uninsurance rate for children is 1.2% and the uninsurance rate for non-elderly adults is 3.7%.<sup>2</sup>

In its health reform model, Massachusetts has successfully served children and parents in two separate programs, CHIP and CommCare. Specifically, the state provided coverage to families with incomes at or below 300% of the FPL by expanding CHIP to cover children to 300% of the federal poverty level (FPL), and by establishing a new program, Commonwealth Care, for adults with incomes to 300% of the FPL, administered by the Commonwealth Health Insurance Connector Authority (Connector).

The state leveraged its existing infrastructure in implementing its model and realized a number of benefits in proceeding this way. First, the state was able to quickly and easily expand coverage for children within the existing Medicaid/CHIP (MassHealth) program. Second, the design decision to limit participating in CommCare for the first three years to Medicaid MCOs, allowed for a more streamlined implementation of CommCare and leveraged the Medicaid MCOs knowledge of the low-income population in Massachusetts. Third, the state utilized a joint application process for MassHealth and CommCare, allowing families to complete one application that may provide coverage under a number of different public health coverage options.

This issue brief will provide a detailed look at how Massachusetts covers children and their parents through its health reform model and consider the design aspects that have made the model successful to date.

1 See *Health Insurance Coverage in Massachusetts: Estimates from the 2008 Massachusetts Health Insurance Survey*; Long, Sharon K. et al; Urban Institute; December 2008; for the Massachusetts Division of Health Care Finance and Policy.

2 Ibid. The survey did not distinguish between non-elderly adults who have children and those who do not.



## Administrative and Operational Aspects of the Massachusetts Model

The Executive Office of Health and Human Services (EOHHS) is the single state agency responsible for the administration of the Massachusetts Medicaid program. Within EOHHS, the Office of Medicaid is responsible for operating all MassHealth programs, including Medicaid and CHIP and overseeing the 1115 Medicaid Demonstration waiver through which the state receives federal funding to assist in the state's health care reform efforts.

The Commonwealth Health Insurance Connector Authority (Connector) is a quasi-independent entity that is governed by a 10-member Board. The Secretary of the Executive Office of Administration and Finance serves as the chair of the Board. By statute, the state's Medicaid Director sits on the Board of the Connector.

The Connector is responsible for operating the Commonwealth Care (CommCare) program. As described below, CommCare provides subsidized health coverage for low-income adults with incomes too high to qualify for Medicaid. In addition, the Connector operates Commonwealth Choice (CommChoice) which offers a variety of health insurance products that have been granted a "Seal of Approval" from the Connector, for individuals and families with incomes too great to qualify for subsidized coverage through MassHealth or CommCare. No subsidy is provided towards CommChoice coverage. The Connector also plays a key role in overseeing the state's progress in health care reform, including setting an affordability schedule and determining minimal coverage requirements for insurance, both of which are used to measure whether an individual is meeting the state's health coverage mandate for adults.

To aid in the efficient operation of CommCare, the Connector contracts with EOHHS Office to Medicaid to perform essential eligibility functions on behalf of CommCare. Massachusetts utilizes a joint application for its public health insurance programs, known as the Medical Benefits Request (MBR). When a family applies for coverage, the Office of Medicaid's electronic eligibility runs the family's application through its system and places each family member in the highest level of coverage for which the family member meets the eligibility criteria. It is not necessary for the family to apply for a particular coverage type. The eligibility system is designed to place an individual in the most comprehensive coverage type for which the individual is eligible. Families receive a single notice that describes the eligibility result for each member of the household, even if coverage for a family is split between MassHealth and CommCare. In addition to determining initial eligibility, the Office of Medicaid also conducts annual redetermination reviews for both MassHealth and CommCare members.

## Types of Coverage for Children and their Parents in Massachusetts

Massachusetts provides coverage to most individuals below 300% of the federal poverty level through a combination of an 1115 Medicaid demonstration waiver and CHIP. The state enacted an individual mandate requiring all adults to have health insurance coverage. The individual mandate does not apply to children.

Depending on a number of eligibility factors, including age, income, whether an individual has a dependent child, disability status, and employment status, individuals may receive coverage through MassHealth or

CommCare.<sup>3</sup> Table 1 below depicts the different coverage types available for children and their parents, and the federal funding mechanism for the coverage.

**Table 1: Coverage Types for Children and their Parents in Massachusetts**

<b>300% FPL</b>	MassHealth Family Assistance (CHIP)	MassHealth Family Assistance (CHIP)	MassHealth CommonHealth (CHIP)	Commonwealth Care (Medicaid Waiver)
<b>200% FPL</b>	(CHIP)	(CHIP)	(CHIP)	(CHIP)
<b>185% FPL</b>	MassHealth Standard (Medicaid)	(CHIP)	(CHIP)	(CHIP)
<b>150% FPL</b>		(CHIP)	(CHIP)	(CHIP)
<b>133% FPL</b>	(Medicaid)	MassHealth Standard (Medicaid)	MassHealth Standard (Medicaid)	MassHealth Standard (Medicaid)
	<b>Infants</b>	<b>Children 1-18</b>	<b>Disabled Children*</b>	<b>Parents</b>

\*MassHealth CommonHealth is also available to children in families with incomes above 300% FPL as the state's Medicaid match of 50% FFP.

### Coverage for Children

Prior to the enactment of CHIP in 1997, Massachusetts had provided coverage to children through Medicaid at varying income levels, based on age. In addition, the state provided access to preventive and primary care for children through a state funded program. Just prior to the enactment of CHIP, Massachusetts implemented its Medicaid 1115 Demonstration Waiver in July 1997 and began providing coverage to all children and parents with incomes to 133% of the federal poverty level (FPL). Massachusetts expanded its coverage of children to 200% of the FPL through CHIP in August 1998. Massachusetts operates its Medicaid and CHIP programs jointly as MassHealth; since the program's inception, CHIP has served as a federal funding mechanism, rather than a separately administered program for children.

As shown in Table 1 above, MassHealth provides coverage to all children with incomes at or below 300% of the federal poverty level (FPL). Individuals through age 18 are considered children for eligibility purposes.<sup>4</sup> Massachusetts provides coverage to children through three distinct categories.

First, children in families with incomes at or below 150% of the FPL are eligible for MassHealth Standard, the most comprehensive benefit package. While funding for most of these children comes from the 1115 Medicaid waiver, children in families with incomes above 133% of the FPL and not more than 150% of the FPL are considered Medicaid expansion children and funded through CHIP. MassHealth Standard provides comprehensive benefits and all children covered through MassHealth Standard are entitled to Early, Periodic Screening Diagnosis and Treatment (EPSDT) services.<sup>5</sup> No premiums are charged for children in MassHealth Standard.

<sup>3</sup> Individuals that are illegal residents in the United States are only eligible for coverage of emergency services if they meet traditional Medicaid eligibility requirements. Pregnant women and children in the country legally may receive services funded jointly through state and federal funds through CHIPRA. However, adults who are in the country legally, but who have not been in the country for the five years necessary to qualify for federal funding of benefits are covered through state-only funds. Coverage for legal immigrant adults has been reduced during the current economic crisis.

<sup>4</sup> See 130 CMR 501.001.

<sup>5</sup> For a complete list of benefits provided under MassHealth Standard, see 130 CMR 450.105(A). See 130 CMR 450.140 for EPSDT regulations covering individuals under age 21 in MassHealth Standard and MassHealth CommonHealth.

Children with disabilities in families with incomes above 150% of the FPL are eligible for MassHealth CommonHealth regardless of family income. Premiums for CommonHealth increase as family income increases. All children covered through MassHealth CommonHealth are covered through the state's 1115 Medicaid waiver. MassHealth CommonHealth provides the same benefit package as MassHealth Standard, including EPSDT for individuals under the age of 21. Parents are responsible for paying increasing monthly premiums based on family income level as shown in Table 2 below.

Non-disabled children in families with incomes between above 150% of the FPL and not more than 300% of the FPL are eligible for MassHealth Family Assistance. The majority of children in this category are funded through CHIP.<sup>6</sup> Children in MassHealth Family Assistance, without access to employer-sponsored insurance, receive comprehensive benefits that are slightly narrower than MassHealth Standard but are not entitled to EPSDT services.<sup>7</sup> Parents are responsible for paying a small monthly premium for children in MassHealth Family Assistance as shown in Table 2, except that MassHealth waives the monthly premium for children whose parents are enrolled in CommCare.<sup>8</sup> There is very limited additional cost-sharing in the plan; in addition, as required by CHIP, a family is not required to pay more than 5% of family income towards cost-sharing. Families are instructed to monitor their cost-sharing and to provide receipts to the state when their cost-sharing exceeds the 5% limit. Where a parent has access to employer-sponsored insurance, MassHealth Family Assistance provides premium assistance towards the coverage of that insurance, for the entire family, as long as the cost to cover the family policy is less than or equal to what the state would have paid for coverage of children directly in MassHealth.

**Table 2: Premiums for Children in MassHealth CommonHealth and Family Assistance<sup>9</sup>**

Income Level	Monthly Premium
Above 150% FPL and no more than 200% FPL	\$12 per child/\$36 family maximum
Above 200% FPL and no more than 250% FPL	\$20 per child/ \$60 family maximum
Above 250% FPL and no more than 300% FPL	\$28 per child/\$84 family maximum

Children determined eligible for MassHealth are covered beginning 10 days prior to the date of application. They receive coverage through the state's managed care program. Families may choose to enroll their children in one of four Medicaid managed care organizations<sup>10</sup> or in the state run Primary Care Clinician Plan (PCC Plan).<sup>11</sup> All selections occur on an individual basis.<sup>12</sup> Family members are not required to enroll in the same

6 Children in families at this income level who had access or coverage through employer-sponsored insurance prior to applying for assistance receive premium assistance towards the cost of that ESI.

7 For a full list of benefits provided in MassHealth Family Assistance, see 130 CMR 450.105(H)(3); Family Assistance provides substantially similar benefits to MassHealth Standard and MassHealth CommonHealth, except that it does not include long term care services or transportation.

8 See 130 CMR 506.011(L)(4).

9 See 130 CMR 506.011(I) and 130 CMR 506.011(J).

10 Currently, the state provides coverage through Boston Medical Center's HealthNet Plan, Cambridge Health Alliance's Network Health, Neighborhood Health Plan, and Fallon. A fifth plan successfully responded to the state's recent procurement, but the state has not yet resolved all contracting issues related to that procurement and continues to operate under an extension of its most recent contracts.

11 The PCC Plan includes requires PCC providers to refer patients for services; services are paid for on a fee-for-service basis, except for behavioral health care which is managed through a carve out vendor.

12 If an individual does not choose a plan within the number of days specified in the eligibility notice, the individual will be auto-assigned into one of the Medicaid managed care plans or the state's PCC Plan. Members may switch plans at any time if they do not like the plan to which they have been assigned or one that they have chosen. See 130 CMR 508.002(E).

plan. Traditionally, individuals have been able to change plans and providers without limit under MassHealth. However, once the state's new MCO contracts become effective, individuals will have one opt-out period prior to being locked into a specific MCO until the next open enrollment or redetermination period.

### Parents

Like their children, parents are also eligible for subsidized coverage in Massachusetts if their family income is at or below 300% of the FPL. All coverage for parents is funded through the 1115 Medicaid waiver. Parents with incomes at or below 133% of the FPL are eligible for comprehensive coverage through MassHealth Standard.<sup>13</sup> If a parent has a disability and has family income above 133% of the FPL, the parent is eligible for coverage through MassHealth CommonHealth after meeting the program's work requirements or meeting a one-time deductible.<sup>14</sup> Like for children with disabilities, disabled parents are eligible for MassHealth CommonHealth with no upper income limit, and pay increased premiums based on their family incomes.

Non-disabled parents with family incomes greater than 133% of the FPL and not more than 300% of the FPL are eligible for coverage through CommCare.<sup>15</sup> Individuals determined eligible for CommCare enroll in one of five managed care plans contracting with the program. All but one of those plans also participates as a Medicaid managed care plan.<sup>16</sup> As with MassHealth, all enrollment occurs on an individual basis. To begin to receive coverage through CommCare, an individual must first pay a monthly premium.

The CommCare products are designed to operate more like commercial insurance than a Medicaid plan, while taking into account the reduced ability of the covered population to bear the cost of health coverage. Benefits offered through CommCare are designed to "be as comprehensive as feasible, encourage access to preventive services and to discourage inappropriate utilization."<sup>17</sup> Individuals in CommCare receive have significantly higher cost-sharing than in MassHealth; however, a CommCare plan may not include an annual deductible.<sup>18</sup> Individuals are eligible for plan types based on their income levels. Both benefits and cost-sharing are dependent on the plan type and particular plan an individual chooses. The lowest cost plan for the state in a service area also has the lowest monthly premium charged to members.<sup>19</sup> Table 2 below provides the minimum monthly premiums for individuals with family incomes above 150% of the FPL and not more than 300% of the FPL.

13 See 130 CMR 505.002 for eligibility rules and 130 CMR 450.105(A) for covered benefits.

14 See 130 CMR 505.004 for eligibility rules and 130 CMR 450.105(E) for covered benefits.

15 Individuals with incomes at or above 300% of the FPL may purchase coverage through Commonwealth Choice if they do not have access to employer sponsored insurance. The Connector has developed a web-site that provides individuals with key information to choose the plan that is right for them. See [www.mahealthconnector.com](http://www.mahealthconnector.com). CommChoice plans may be purchased through the Connector or directly through insurance plans.

16 BMC's HealthNet; Network Health; Neighborhood Health Plan and Fallon participate in both MassHealth and CommCare. Section 123 of Chapter 58 of the Acts of 2006 limited participation in CommCare to these four Medicaid managed care organizations through June 30, 2009. Beginning July 1, 2009, a fifth plan, CeltiCare is eligible to participate in CommCare. Once it shows sufficient network adequacy, the plan will be allowed to enroll CommCare members.

17 See 956 CMR 2.06(1)(a).

18 Ibid.

19 A complete listing of enrollee premium contributions by plan, income and area is available at [https://www.mahealthconnector.org/portal/site/connector/template.MAXIMIZE/menuitem.3ef8fb03b7fa1ae4a7ca7738e6468a0c/?javax.portlet.tpst=2fdfb140904d489c8781176033468a0c\\_ws\\_MX&javax.portlet.prp\\_2fdfb140904d489c8781176033468a0c\\_viewID=content&javax.portlet.prp\\_2fdfb140904d489c8781176033468a0c\\_docName=content&javax.portlet.prp\\_2fdfb140904d489c8781176033468a0c\\_folderPath=/About%20Us/Connector%20Programs/Benefits%20and%20Plan%20Information/&javax.portlet.begCacheTok=com.vignette.cachetoken&javax.portlet.endCacheTok=com.vignette.cachetoken](https://www.mahealthconnector.org/portal/site/connector/template.MAXIMIZE/menuitem.3ef8fb03b7fa1ae4a7ca7738e6468a0c/?javax.portlet.tpst=2fdfb140904d489c8781176033468a0c_ws_MX&javax.portlet.prp_2fdfb140904d489c8781176033468a0c_viewID=content&javax.portlet.prp_2fdfb140904d489c8781176033468a0c_docName=content&javax.portlet.prp_2fdfb140904d489c8781176033468a0c_folderPath=/About%20Us/Connector%20Programs/Benefits%20and%20Plan%20Information/&javax.portlet.begCacheTok=com.vignette.cachetoken&javax.portlet.endCacheTok=com.vignette.cachetoken)

**Table 3. Premiums for ComCare Enrollees**

Income Level	Minimum Monthly Premium
Above 150% FPL and no more than 200% FPL	\$39 per individual
Above 200% FPL and no more than 250% FPL	\$77 per individual
Above 250% FPL and no more than 300% FPL	\$116 per individual

In addition to paying monthly premiums, individuals are responsible for cost-sharing for a number of services including outpatient office visits, emergency room services, inpatient hospital admissions, pharmacy services, and a number of other services. Individuals with incomes between 100 and 200% of the FPL have an annual cost-sharing maximum in 2009-2010 of \$500 for prescription drugs and \$750 for all other services. Individuals with incomes above 200% up to 300% of the FPL have an annual cost-sharing maximum in 2009-2010 of \$800 for prescription drugs and \$1500 for all other services.<sup>20</sup>

### Utilization of Existing Infrastructures and Coordination of Different Coverage Programs in Massachusetts

*Massachusetts was able to quickly expand coverage to children by utilizing the current CHIP Program.*

In its health care reform model, Massachusetts has successfully served children and parents in two separate programs, CHIP and CommCare. The state realized a number of benefits in proceeding this way:

- Easy implementation process to expand coverage for children within existing Medicaid/CHIP program;
- Limiting participation in CommCare to Medicaid MCOs allowed for a more streamlined implementation of CommCare, and leveraged the Medicaid MCOs knowledge of the low-income population in Massachusetts; and
- Utilizing a joint application process for MassHealth and CommCare allowed the state to leverage existing infrastructure and allowed families to complete one application that may provide coverage under a number of different public health coverage options.

First, the state was able to quickly expand coverage to children by utilizing the current CHIP program. The Office of Medicaid leveraged the existing infrastructure for covering children to expand coverage in a 10-week period. While the state needed to ensure that there were sufficient providers in the state's Medicaid MCO plans to cover the additional children, there was limited risk as the additional children expected between 200-300% of the FPL were limited. The state otherwise needed to make limited regulatory and systems changes in order to cover children to 300% of the FPL (up from 200% FPL). As the state already provided coverage to children with disabilities through MassHealth CommonHealth, the state did not have special considerations around network adequacy or adequate rates for that population of children.

20 For detailed information on cost-sharing requirements in CommCare see <https://www.mahealthconnector.org/portal/binary/com.epicentric.content-management.servlet.ContentDeliveryServlet/About%2520Us/Connector%2520Programs/Benefits%2520and%2520Plan%2520Information/HealthBenefitsAnd-Copays.pdf>

Second, continuing to cover children in MassHealth Family Assistance allowed the Connector to focus its start up efforts and negotiations with health plans on adults only. This simplified both the development of rates and provider networks for the CommCare product. Again, because adults with disabilities already received coverage through MassHealth CommonHealth, the Connector did not have special considerations around network adequacy or adequate rates for that population of adults.

Third, the 2006 health reform law limited the plans that could participate in CommCare for the first three years of the program to the four Medicaid managed care organizations that then served the MassHealth program. This limited the need for a competitive procurement at the outset and allowed for the Connector to leverage the experience of these MCOs with the low-income population. It also allowed families to enroll in the same plan (although a different product) for all family members if that was important to them.<sup>21</sup> Beginning July 1, 2009, additional plans may participate in CommCare. During the procurement process, the Connector received and awarded a bid to an additional plan, CeltiCare. CeltiCare is owned by Centene, which does not participate in the MassHealth program as an MCO. In addition, the Office of Medicaid held procurement in which it also expanded to a fifth plan, although it has not begun operations in the state to date, that does not overlap with CommCare plans. It is too soon to tell whether there will be an impact to the programs and the families served between the two in having different plans available in CommCare and MassHealth. However, since parents and their children generally see different providers, it is not likely to have a significant impact on the overall health care reform structure.

While parents and children are covered through separate programs, the fact that Massachusetts leveraged the existing MassHealth eligibility infrastructure to serve CommCare allowed both for a short implementation time and a seamless approach to eligibility for children and their parents. As noted above, families complete just one application. This is an important design feature. It is well documented that when all members of a family are potentially eligible for coverage, then families are more likely to apply.<sup>22</sup> The MassHealth eligibility system then places each individual family member in the highest level of coverage based on an establish hierarchy. Using the same eligibility system allows for families to receive a single notice of eligibility that describes the coverage type for each individual family member.<sup>23</sup> MassHealth also conducts a single eligibility review for the family unit. As with most Medicaid programs, there is considerable volatility in the population served by the MassHealth and CommCare programs. This is due to the income based eligibility rules as well as the difficulty members have in keeping current on premiums and annual reviews.

### *Communication and cooperation between CommCare and MassHealth is a key element of the Massachusetts model.*

At the same time that CommCare leveraged the existing MassHealth infrastructure, CommCare forged its own path in a number of areas. First, CommCare differentiated its plan offerings from MassHealth. As described previously, the CommCare products have more commercial attributes than the plans offered through MassHealth. Specifically, the plans have a narrower (though still comprehensive set of benefits), higher cost-sharing and enrollment start dates on the 1<sup>st</sup> of a month, requiring pre-payment of monthly premiums.

21  The state currently does not track whether families covered in both MassHealth and CommCare select to be served by the same plan.

22 See, for example, *Spotlight on Uninsured Parents: How a Lack of Coverage Affects Parents and Their Families*, Karyn Schwartz, Kaiser Commission on Medicaid and the Uninsured, June 2007; and *Coverage of Parents Helps Children, Too*, Leighton Ku and Matthew Broadus, Center on Budget and Policy Priorities, October 2006.

23 While having the notices together is a simplifying factor, MassHealth and CommCare continuously work to improve on the notices sent to applicants and members to make them easier to understand.

In addition, while the Connector initially leveraged the same customer service and enrollment vendor for CommCare as is utilized by the Office of Medicaid for MassHealth, the Connector conducted a CommCare specific procurement for customer services and enrollment vendor services. This requires ongoing coordination and communication between the MassHealth vendor and the CommCare vendor.

Sensitive to the impact of high cost-sharing on families, the Office of Medicaid made an early decision to waive premiums for children in MassHealth Family Assistance where a parent was covered through CommCare.<sup>24</sup> This was an important step that reduced a potential burden of the two programs levying separate premiums without consideration of how the combined premiums and cost-sharing would impact a family unit. While there is potential for confusion of tying the children's premium waiver to their parents' enrollment in CommCare, and risk of loss of coverage for children when a premium is added to their coverage, neither the Office of Medicaid nor health care advocates have heard complaints on this front. In addition to waiving premiums, the cost-sharing structure in CHIP is limited by the 5% cap on spending. Keeping the cost sharing down for care provided to children makes it more likely that those children will continue to receive care.

Massachusetts has made a concerted effort to align purchasing strategies and quality across its public health coverage programs, including MassHealth and CommCare. Having a similar strategy across programs allows providers that serve members in both programs to work towards the same goals. Also, having children served in MassHealth allows for a view of quality for children across income levels and for the potential of a greater focus on quality outcomes.

A key factor in the ability of MassHealth and CommCare to work closely together and cooperatively is the designation of the Medicaid Director as a Connector Board member. This allows for the Medicaid Director to provide the Connector staff and Board colleagues with key information on the intersection of MassHealth and CommCare and to identify potential areas of impact and conflict early on.

*There was potential lost opportunity for traction in keeping CHIP and CommCare separate.*

While Massachusetts has successfully implemented a health care reform structure that retains children in CHIP and serves their parents in CommCare, there are some areas of missed opportunity in that division. First, as the Connector reviewed standards of affordability, the levels were benchmarked on individual coverage of adults in CommCare and, therefore, did not include the impact of the cost of covering children. Second, as the Connector set minimum credible coverage requirements necessary for an individual to be considered insured, the set of benefits are based solely on the needs of an adult population and not children.<sup>25</sup>

24 The child's premium remains waived as long as his or her parent is enrolled in CommCare. See 130 CMR 506.011(L)(4) If the parent loses coverage for any reasons, including for failure to pay their CommCare premium, MassHealth will begin to charge the family a premium for the child's MassHealth Family Assistance coverage.

25 This may have also been the case, however, if children were covered in CommCare, as the individual mandate in Massachusetts only applies to adults, not to children.



*Overall, the model benefited from keeping CHIP separate from CommCare.*

There are a number of challenges that Massachusetts did not have to address by not attempting to merge CHIP into CommCare. The biggest issue that the state was able to avoid was developing a wrap program to allow for children to receive additional services not otherwise available through CommCare products. While it would have been achievable to create a program that “wrapped” around CommCare coverage, such a wrap program would have created a number of administrative complexities. If children and their families are given an option as to whether children enroll in CHIP or in an Exchange product with their parents, this choice may lead to significant adverse selection within the CHIP program.

In addition, because CommCare only covers adults, it relieved the Connector of the need to develop and negotiate blended premiums and to develop products that could serve both children and adults. This allowed for a quicker implementation timeframe and for a more focused monitoring of benefits on an ongoing basis. Likewise, because CommCare only covers adults, and MassHealth has very minimal cost-sharing requirements, the Connector was able to set cost-sharing requirements significantly higher than the 5% maximum allowed for under CHIP.

## **Conclusion**

Massachusetts has successfully covered children and parents in separate programs through its health reform initiatives. The programs have worked well because of leveraging a common application and eligibility process, communication and coordination across programs, and the waiver of premiums for children covered through CHIP when parents are subject to cost-sharing in CommCare.

## ABOUT THE AUTHOR:

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