



CONNECTOR RELEASES ADMINISTRATIVE BULLETIN 01-08 WITH GUIDANCE ON MINIMUM CREDITABLE COVERAGE CERTIFICATION PROCESS

The Connector has released Administrative Bulletin 01-08, dated November 25, 2008, with much anticipated guidance on the MCC certification process. MCC certification is a new compliance option for health benefit plans that are actuarially equivalent to at least a CommChoice Bronze level plan but fail to meet MCC standards due to a modest deviation from the MCC standards set forth in 956 CMR 5.00. A copy of the Bulletin and the MCC Certification Application are attached for your information and reference.

- The Bulletin states that health benefit plans need not automatically provide actuarial attestations with their application requesting MCC certification, but makes clear that the Connector has the right to ask for an actuarial attestation before ruling on an MCC certification request, and will do so if the plan of benefits submitted for review does not appear to be clearly above the CommChoice Bronze level in value.
 - The Application is set up so that health benefit plans with benefit designs that are clearly richer than a CommChoice Bronze level plan can submit the completed Application and attach a detailed benefit summary.
 - The Bulletin suggests that those health benefit plans that are at all close to the Bronze level should consider filing an actuarial attestation with the MCC application or run the risk that the Connector will request an actuarial attestation; thus lengthening the time to decision.
 - The Bulletin reminds employers, carriers and plan sponsors that they are not required to provide coverage that meets the Connector's MCC standards.
 - MCC standards relate to the individual mandate under the Health Care reform law.
 - However, the Bulletin acknowledges that employers, carriers and sponsors have an interest in the MCC standards so that they can meet their respective Form 1099-HC responsibilities and so carriers can meet their MCC disclosure requirements.
 - The Connector clarifies that it expects a vast majority of carriers, employers and plan sponsors to self-assess/determine whether their health benefit plans meet MCC standards (for 1099-HC purposes) without any approval or certification from the Connector. Further, the MCC certification process is not a "safe harbor"; there is no automatic approval once certain information is submitted.
 - The Connector has discretion to approve or deny all applications for MCC certification.
 - Even providing actuarial attestation is no guarantee of Connector approval.
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PARKER BROWN & MACAULAY, P.C.

4 FANEUIL HALL MARKETPLACE
BOSTON, MA 02109

- Finally, the Bulletin clarifies a number of issues related to the new MCC certification process. One welcome clarification is that mental health and substance abuse services are not considered core services and, therefore, may be subject to plan limitations permitted by the MCC Regulation.

Please contact me if you have any questions or comments.

Richard A. Szczebak
Of Counsel
PARKER BROWN & MACAULAY, P.C.
4 Faneuil Hall Marketplace
Boston, MA 02109
Phone (617) 350-7701
Phone: 617-399-0441 (direct)
Fax (617) 350-7744
Email: rszczebak@parkerbrown.com
www.parkerbrown.com

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