

Categories to prioritize 1332 list:

1. Can be implemented by contract/Administrative Rule, or other Marketplace activity and does not require state funds outside of current Marketplace budget
  - a. (5) - Increase the use of the coordinated care model: the Marketplace can accomplish this through carrier contracting
  - b. (12) – Individuals eligible for CSRs purchasing bronze plans instead of silver plans: the Marketplace can continue to expand marketing and outreach to these individuals and agents/community partners
2. Requires state funding and some form of wrap around program
  - a. (13) – Adding CSRs to categories of care under bronze plans: the state would reimburse carriers for the reduction in service costs; would only apply to some benefits, similar to the recent requirement that the standard bronze plans cover 3 primary care visits before deductible
  - b. (1a) – Immigrants with less than 5 years residency: state would provide additional funds to increase the amount of financial assistance they receive
  - c. (1b) – Family glitch: state would provide funds to families of employees to help them purchase plans through the individual exchange
  - d. (1c, 3a, &4) – Individuals under 200%FPL: state would provide additional funds to increase the amount of financial assistance they receive
  - e. (2&3) – Individuals not eligible for subsidies (those just above the cut-off for subsidies) state would provide funds to assist in purchasing coverage through the individual exchange
3. Requires a change in healthcare.gov technology, which CMS has confirmed is not possible
  - a. (7) – Undocumented individuals allowed to purchase through the Marketplace: would require a change in the application on healthcare.gov
4. Concepts too general to begin implementing – suggest tabling until federal policy landscape is clearer; the Marketplace welcomes more detailed plans from stakeholders
  - a. (1d) – Medicare: \*suggest removing 1d, as these folks are only impacted if we implement a BHP, which we are not going to do; can replace with the additional Medicare issues identified\*
  - b. (Footnote 12) – Medicare issues: difference between QHP premiums and Part B premiums, younger disabled people who must wait two years to become eligible for Medicare
  - c. (8&9) – Transition between QHPs and OHP
  - d. (10) – Social determinants of health