

The Changing Health Care Landscape

A conversation with Kristin Lewis, the Chief Public Affairs Officer at Tufts Health Plan, discussing the Affordable Care Act, Medicaid and issues impacting health care in 2018 and beyond.



CJ: Let's talk about the Affordable Care Act and the impact of some of the administrative actions that are in process.

KL: A potential repeal of the Affordable Care Act and many of its provisions would have the greatest impact on the individual and Medicaid markets. You asked specifically about the individual mandate and the penalty. As you know, Congress recently repealed the individual mandate as part of federal tax reform.

However, our own individual mandate in Massachusetts remains. We've had it since the inception of our own state health care reform--Massachusetts reform, Chapter 58. We believe our individual mandate has been a very important piece of the overall reform because it did over time get - particularly the young and healthy - to buy insurance. So we do believe the individual mandate was very useful in ensuring that Massachusetts had a smooth transition, and a bigger risk pool for spreading risk and keeping premiums affordable.

CJ: So that individual mandate relates really to providing coverage for everyone overall.

KL: It's particularly important in Massachusetts because we actually have combined our individual pool and our small business pool.

CJ: Can we back up a little bit and go through the specific parameters of that individual mandate?

KL: The individual mandate is part of your tax filings. You have to indicate whether or not you have insurance. And, if you do not have insurance, then you are penalized. The Massachusetts penalties for 2017 ranged from \$252 per year for 150.1-200 percent of the Federal Poverty Level (FPL) to \$1,152 per year for above 300 percent of the FPL for ages 31-plus.

CJ: How could organizations like Tufts Health Plan communicate to those people what they actually do need to do this?

KL: We would partner with our state officials to do that. We would do things independent of our government officials, but also collaborate with them to send strong messages about the importance of maintaining continuous coverage.

CJ: Great. Massachusetts was the model for the Affordable Care Act. And it's been very successful here in this state. President Trump has talked often about being able to sell health insurance across state lines, which is currently not the case. And, he apparently has issued an executive order related to that earlier this year. So what are the concerns about such an order going through?

KL: It should be clear that the order did not have an immediate effect. The order directed regulatory agencies to issue regulations in a draft form for comment before the regulations go into effect. Draft regulations were very recently released and we are working through the detail to assess the impact in a state like Massachusetts and some of the other states in which we do business. Then we will provide comment or try to shape the policy in a way that hopefully will not destabilize the market here in Massachusetts. We know the order would permit the sale of insurance across state lines. So it would allow businesses to come together as associations to purchase coverage. That policy will not include the same coverage requirements that a Massachusetts-issued policy would require. Our primary

concern is that employees may not know what they're purchasing. And, secondly, we worry about what it would do to the existing market in Massachusetts--that it would fragment the risk pools here. We could see healthy employees purchase coverage out of state, and then what would remain in state are some of the sicker employees, which would cause premiums to increase overall.

CJ: Tufts Health Plan is a major player in the health care space. As changes take place over the next year, how do you communicate to current and potential members about utilizing the services and products that Tufts Health Plan offers?

KL: We communicate regularly with employers who purchase benefits on behalf of their employees. We do the same, but more directly, with individual customers. As you know, in Massachusetts we've worked through an annual enrollment period for the individual market for folks who purchase coverage on the exchange or the Commonwealth Connector. We worked very closely with the leadership and staff at the Connector to send consistent messages to individuals about changes in coverage for 2018.



KRISTIN LEWIS

Senior Vice President, Chief Public Affairs Officer, Tufts Health Plan

Kristin leads Tufts Health Plan's public policy, government and public affairs function, as well as the company's strategy and implementation of state and federal health reforms. She guides the company on the impact of political changes and public relations as it relates to the company's strategic goals and business agenda. She also serves as a key advisor to Tufts Health Plan's leadership team, ensuring the company has an active and effective voice in shaping public policy, and communicating with external audiences in support of the company's efforts to deliver affordable coverage and access to high quality health care. Kristin has more than 20 years of experience in health insurance and government affairs. She serves as both a trustee and Executive Committee member for the Massachusetts Tax Payer's Foundation and is a member of the board of directors for the Massachusetts Association of Health Plans. She represents Tufts Health Plan both locally and nationally on several health care committees. Kristin received an M.B.A. from Boston College and a B.A. in classics from the University of Vermont.



CJ: Speaker Ryan has talked about making cuts to both Medicare and Medicaid next year as a means to control the deficit. What will something like that mean?

KL: This is challenging for both Medicaid and Medicare. We used to think it was more challenging for Medicare, but when you look at who is being covered under Medicaid, it's folks in nursing homes--people's parents and grandparents. These are very important programs that are serving critical needs.

CJ: Absolutely.

KL: I think it's going to be very challenging to do. Because the issue is so politically challenged, I think it's a real long shot for 2018, 2019 and beyond. I think we'll have to see what the outcomes of the 2018 elections are.

CJ: In terms of Massachusetts, they're launching a significant reform of its Medicaid program, Mass Health. What does that mean for Tufts Health Plan and for some of those Mass Health members?

KL: The desire in Congress among Republicans is to convert Medicaid from a per person match program where the federal government matches our costs, to a block grant program where the federal government would limit the amount of money it provides.

We are concerned that a block grant



Carolyn Jones discusses the changing health care landscape with Kristin Lewis of Tufts Health Plan.

program would have an impact on the coverage we'd be able to provide for Medicaid beneficiaries. It also has a very big impact on the provider community--on hospitals in Massachusetts that would see a reduction in funding. So a lot of what they need to do is transform the way they deliver care, working with us for better coordination. This will help to make sure that people are getting the right services in the right setting at the right time. Hospitals need to build an infrastructure to be able to do that. That infrastructure is being financed by federal money. And if that money were to go away then you would expect that we would have a very difficult time trying to change

the way care is provided here in Massachusetts.

CJ: Tufts Health Plan is partnering with four organizations to participate in this Mass Health reform. Do you want to talk a little bit about what that looks like?

KL: Yes, we are partnering with four accountable care organizations (ACOs) to launch a redesign of the Medicaid program. We will also be participating in the managed care organization program. We're one of two statewide insurance carriers selected to participate. We will be collaborating to share information so that we can ensure that our members are receiving the right care at the right time in

the right setting. Our hope is that the effort will produce better quality and lower costs over time.

CJ: Let's talk about your perspective on the Massachusetts Senate Health Care Bill.

KL: We support provisions that would reduce costs, such as limit surprise billing and limiting out of network charges and other changes which we believe really advance the health care system. We also appreciate the Senate's efforts to address provider price variation, but as a matter of principle, we believe that any policy proposal cannot increase total health care spending for the state.

CJ: Any final thoughts on what you think 2018 will look like?

KL: I think we'll continue to experience change. The Administration really wants to appeal the Affordable Care Act. I worry about the impact here in Massachusetts, where we have been so committed to our reforms. But we're part of a nation, and if things change in Congress then we can expect there will be an impact here in Massachusetts. So that's what I'll be focused on--as well as working to ensure that any state legislation on cost containment, as a matter of public policy, delivers on that promise.

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