



Basic Health Program Workgroup

A “Straw Man” Proposal

November 21, 2013
Office of Health Insurance Programs
Department of Health



Agenda

- Introductions
- Elements of a BHP Proposal
- BHP Modeling
- Next Steps



Eligibility

- New York State resident
- Citizen or lawfully present non-citizen
- Under age 65
- Not eligible for Medicaid or Child Health Plus
- Income between 133% - 200% of FPL unless ineligible for Medicaid due to immigration status
- No access to affordable MEC
- MAGI Income and household size



Enrollment and Continuity of Coverage

- Continuous enrollment: Applicants can enroll all year long.
- Prospective coverage: Coverage is effective on the 1st of the following month with a 15th of the month cut off for applications (as it is in the Marketplace).
- Continuous eligibility (if permitted by CMS/IRS and funded within BHP allocations).
- Renewals will be twelve months from the initial determination.
- Verification follows Exchange rules.



Standard Plans

- Below 150% of FPL – offer Marketplace Standard Plan Silver CSR level (93-95% AV).
- 150 - 200% of FPL – offer Marketplace Standard Plan at Silver CSR Level (86-88% AV).
- Each of these benefit packages needs at least one variation.
- Issue a plan invitation in 2014.

Standard Plans

	Silver – CSR Versions	
TYPE OF SERVICE	150 – 200% FPL (AV = 0.86 to 0.88)	100 – 150% FPL (AV = 0.93 to 0.95)
Deductible (single)	\$250	\$0
MAXIMUM OUT-OF-POCKET LIMIT (single) includes the deductible	\$2,000	1,000
COST SHARING – MEDICAL SERVICES	\$250 per admission	\$100 per admission
Outpatient Facility	\$75	\$25
Surgeon	\$75	\$25
PCP	\$15	\$10
Specialist	\$35	\$20
PT/OT/ST Therapies	\$25	\$15
ER	\$75	\$50
Ambulance	\$75	\$50
Urgent Care	\$50	\$30
DME/Medical Supplies	10% of cost sharing	5% of cost sharing
Hearing Aids	10% of cost sharing	5% of cost sharing
Eyewear	10% of cost sharing	5% of cost sharing



Premium Contributions

Percentage of FLP	Monthly Premiums			Maximum Monthly Premiums (after APTC)
	Medicaid	CHIP	BHP	
<150%	\$0	\$0	\$0	\$44 (138%) - \$57 (150%)
150-200%	NA	\$9	\$30	\$57 (150%) - \$121 (200%)



Trust Fund

- The State shall establish a trust fund to receive federal payments for BHP.
- Trust Fund dollars can only be used to pay plan premiums; excess dollars can be used to reduce consumer premiums and cost-sharing, or to provide additional benefits.



Fund Administrative Costs

- System modifications
- Customer Service Center cost allocation
- Staff cost allocation



Effective Date

- Enrollment begins October 2015; system modifications prevent an October 2014 date.
- Are there advantages to allowing enrollment for Medicaid enrollees and the uninsured outside an open enrollment period? Is it permissible by CMS?
- Can QHP enrollees preserve their APTC if BHP is open for enrollment prior to a QHP open enrollment period?



Contingency

- Program is contingent on CMS approval of the blueprint
- Need flexibility to make modifications required by CMS during Blueprint negotiations
- No new costs to the State
 - ***Must generate savings; and***
 - ***Administrative costs must be able to be funded from the savings.***



Transition of QHP Enrollees

- QHP enrollees will transition to BHP at open enrollment.
- Medicaid enrollees will transition at renewal.
- How can we maximize coverage retention?



Other Considerations

- End APTC Premium Assistance Program when BHP coverage is effective.
- Immigrants that are eligible for BHP will no longer be eligible for Medicaid.



Urban Institute Modeling

The Urban Institute will update their model and provide an analysis of BHP:

- *Impact on State costs;*
- *Impact on Marketplace enrollment and premiums; and*
- *Impact on the uninsured.*



Next Steps

- **Next Meeting**
 - *No Scheduled Meeting*
- **Questions?** Please contact: Kalin Scott, MRT Project Manager
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