



Basic Health Program



BHP Overview

- ACA gives states the option to establish a Basic Health Program for:
 - *Individuals with incomes between 138-200% FPL who are ineligible for Medicaid or CHIP, and do not have access to affordable employer coverage.*
 - *Individuals with incomes below 138% of FPL who are ineligible for Medicaid due to immigration status.*
- Federal government gives states 95% of what would have been spent on APTC and CSR in the marketplace.
- Health plans must include essential health benefits.
- Monthly premiums and cost sharing cannot exceed the amount the individual would have paid for coverage in the marketplace.



Who is Eligible for BHP?

- To be eligible for coverage under the BHP, individuals must meet the following requirements:
 - *Below age 65 at the beginning of the plan year;*
 - *Resident of the State;*
 - *Not eligible for Medicaid or CHIP;*
 - *Not eligible for affordable minimum essential coverage;*
 - *Income between 133% FPL – 200% FPL or <133% and ineligible for Medicaid due to immigration status; and*
 - *Individuals eligible for BHP are ineligible for Marketplace coverage.*



Basic Health Program: Key Implementation Milestones

- ❑ Draft Blueprint submitted to CMS and out for public comment and tribal consultation – December 11, 2014
- ❑ Expected CMS Blueprint approval – March 2015
- ❑ Issue plan invitation – April 2015
- ❑ Implement Phase 1 – Transition Aliessa population from Medicaid – April 1, 2015
- ❑ Final health plan rates – August 2015
- ❑ Systems modifications for BHP on NYSOH for administrative renewal determinations and 2016 coverage – September 2015



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 possible in 2017 (if permitted by CMS and funded within BHP allocations).
- Renewals will be twelve months from the initial determination.
- Verification follows Exchange rules.
- Appeals for eligibility and services follows Marketplace rules.



Benefits, Premiums, Cost-Sharing

- ❑ No premium for individuals with income below 150% of FPL and up to \$20 per month for individuals with income between 150% and 200% of FPL.
- ❑ The benefits are NYSOH Essential Health Benefits.
- ❑ Aliessa immigrants receive additional benefits to mirror Medicaid without long-term care services.
- ❑ 30 day grace period for non-payment of premiums similar to Child Health Plus.

Standard Plans

	Silver – CSR Versions	FHP Cost-Sharing
TYPE OF SERVICE	150 – 200% FPL (AV = 0.90 to 0.95)	100 – 150% FPL (AV = 0.95-.098)
Deductible (single)	\$0	\$0
MAXIMUM OUT-OF-POCKET LIMIT (single) includes the deductible	\$2,000	1,000
COST SHARING – MEDICAL SERVICES	\$150 per admission	\$25 per admission
Outpatient Facility	\$50	\$5
Surgeon	\$50	\$5
PCP	\$15	\$0
Specialist	\$25	\$5
PT/OT/ST Therapies	\$25	\$5
ER	\$75	\$3
Ambulance	\$75	\$0
Urgent Care	\$50	\$5
DME/Medical Supplies	5% of cost sharing	\$1
Prescription Drugs – Generic	\$6	\$3
Prescription Drugs - Brand	\$15/30	\$6

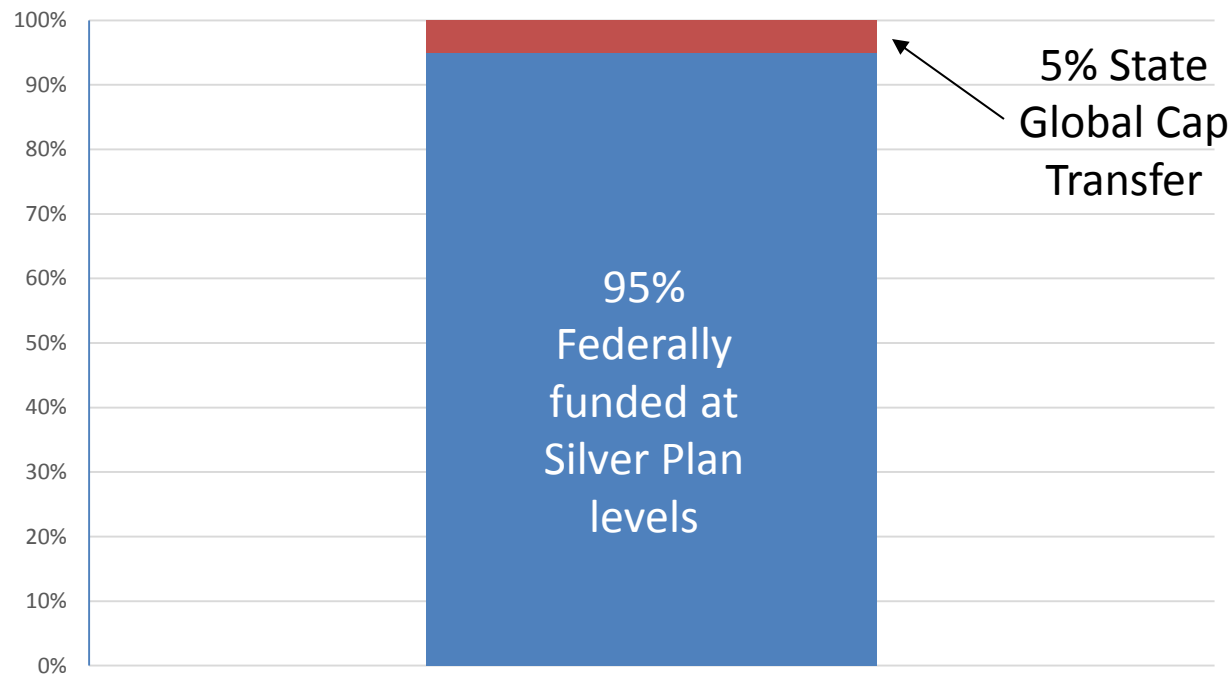
Aliessa Immigrants

- Adults funded under Medicaid with State only dollars who are eligible for BHP will be enrolled in BHP with two exceptions that will remain in Medicaid:
 - Adults in receipt of long-term care (LTC) services or who become long-term care eligible.
 - Adults ineligible for BHP due to affordable MEC.
- Medicaid services outside the BHP package, not including LTC services, will be wrapped.
 - Services wrapped include non-emergency transportation, non-prescription drugs, adult dental, orthotic devices, orthopedic footwear, and vision care.
 - Health plans will be asked to provide a premium for the Aliessa population in BHP that reflects the wrapped benefits.

Rate Setting Overview

- ❑ Statute will be included in the 2015-16 Executive Budget to provide the Department of Health with BHP rate setting authority.
- ❑ Phase 1 – Effective 4/1/15, approximately 250K Aliessa enrollees will transition in place into the BHP
 - ❑ Excludes children, pregnant women and long term care services
 - ❑ Adjustments will be made for HCRA surcharges and Covered Lives Assessment
- ❑ Phase 2 – Effective 1/1/16, approximately 213K QHP enrollees will transition into BHP
- ❑ A Global Cap net benefit will result from shifting State-only funded Aliessa individuals into the BHP (offset by the cost of QHP subsidy vs. premium as well as the administrative cost of the program)

Rate Setting Overview Continued



- ❑ BHP enrollee costs covered through a Federally funded Trust Fund held by OSC and Dept. of Tax & Finance.
- ❑ Global Cap transfers into the Trust Fund will vary based on Federal Poverty Level of enrollees.

Aliessa Enrollment by Plan

Mainstream Plan	Aliessa Enrollees July 2014
AFFINITY HEALTH PLAN	23,783
AMERIGROUP NY	33,291
CDPHP	831
EXCELLUS	1,015
FIDELIS HC NY	60,524
HEALTHFIRST	67,953
HEALTHNOW	258
HIP	7,690
HUDSON HEALTH PLAN	4,704
IHA-BUFFALO	299
METROPLUS	30,870
MVP	89
TODAYS OPTIONS OF NEW YOR	318
UNITED HEALTHCARE COMM PL	25,765
UNIVERA COMMUNITY HEALTH	253
WELLCARE	14,170
Statewide Totals	271,813

- ❑ Excludes: Long Term Care (LTC) users, less than 21 years old and pregnant women.
- ❑ Does not take into account enrollees disqualified by access to employer sponsored insurance (ESI) which reduces the number to approximately 250K.
- ❑ Approximately 85% of Aliessa enrollees reside in NYC Metro region.

Aliessa Expenditures and Revenue

Region	Aliessa Premium July 2013
New York City	\$397.85
Rest of State	\$434.59
By Premium Group - Statewide	
TANF Adult	\$377.03
SSI	\$921.40
FHP	\$292.45
Statewide Totals	\$403.77