Federal Health Care Reform and Health Insurance Exchange Planning in New York

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Presentation Outline

- Basics of federal health care reform
- Overview of coverage in New York today
- Federal reforms implemented
- Health Insurance Exchange Planning in New York

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Federal Health Care Reform Basics

Patient Protection and Affordable Care Act (ACA) expands access to health insurance coverage:

– Private insurance market reforms
– Medicaid expansion
– Creates Health Insurance Exchanges to buy coverage
– Provides subsidies for low-income individuals
  • Sliding scale of subsidies between 138% - 400% FPL
– Requirements of employers and individuals
  • Exemption for Native Americans
– IHCIA permanently reauthorized
Overview of Coverage Today

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Impact of Reform in New York
Distribution of Health Insurance Coverage, New York State, 2011

- Uninsured: 16%
- Employer-Sponsored: 55%
- Public: 24%
- Directly Purchased: 5%

17.0 million people

Note: Estimates include New York State residents under age 65.
Public Program Eligibility for Children and Parents: Today and Under Health Reform

Note: 100 percent of the federal poverty level is $10,890 for an individual and $22,350 for a family of four.
Impact of Reform in New York

- Increased participation of 1 million uninsured eligible but not enrolled in public programs
- Another 1 million newly eligible through public coverage or subsidies
- Improvement in the way millions of New Yorkers obtain subsidized and unsubsidized coverage
Implemented Reforms

• Insurance Market Reforms
  – Changes that make insurance better for those with coverage

• New York Bridge Plan
  – A new insurance plan for uninsured people with health conditions

• Consumer Assistance Program
  – A new program to help New Yorkers with health insurance questions
Health Insurance Exchange

States must (or the federal government will) establish an Exchange for individuals and small businesses by January 1, 2014

- New marketplace to purchase affordable, quality coverage
- Citizens and those “lawfully present” eligible to purchase
- Simplified comparison shopping
- Streamlined eligibility and enrollment processes
Exchange Provisions Specific to Native American Populations

- Native Americans who are eligible to receive services through IHS can also enroll in Exchange
- More frequent enrollment periods
  - Monthly window for Native Americans to enroll
- No cost sharing for Native Americans with income up to 300% FPL enrolled in Exchange plans at any provider
- No cost sharing for Native Americans of any income enrolled in Exchange plans for services provided by I/T/U or Contract Health Services
- No penalty for failure to carry minimum coverage
Provisions Related to the Indian Health Service: Payer of Last Resort

- ACA states that health programs operated by the IHS, Indian tribes, tribal organizations, and urban Indian organizations are the payer of last resort
  - Other programs (e.g., Medicare/Medicaid, Exchange Plans) must pay for services if they cover them
Exchange Timeline

- **Planning & Establishment Grants**
  - 2010
  - 2011
  - 2012
  - 2013
  - 2014

- **Federal Policymaking**
  - 2010
  - 2011
  - 2012
  - 2013
  - 2014

- **State Legislation and Regulations**
  - 2010
  - 2011
  - 2012
  - 2013
  - 2014

- **Federal Rulemaking**
  - 2010
  - 2011
  - 2012
  - 2013
  - 2014

- **Federal & State IT Design, Development, Implementation**
  - 2010
  - 2011
  - 2012
  - 2013
  - 2014

- **Secretary Determines if State will Establish**
  - 2013

- **States Begin Qualifying Plans**
  - 2013

- **Plan Bidding/Contracting**
  - 2013

- **Outreach & Education**
  - 2013

- **Enrollment Begins**
  - 2014

- **Coverage Effective**
  - 2014
Exchange Will Operate Within a Larger Environment

Public Programs:
- Medicaid
- Child Health Plus
- Family Health Plus

Exchange

IRS

HHS/CMS

Commercial Insurance Market

NYSID

NYSDOH
New York’s Health Insurance Exchange Principles

• It must promote affordable, comprehensive health insurance options

• It must be consumer-oriented

• It must be transparent and accountable

• It must work
Pending New York State Exchange Legislation

• One Statewide Exchange
• 9-member Governing Board
• 5 Regional Advisory Committees
• 13 Studies of key policy issues
Exchange Policy Studies

1) Essential benefits
2) Insurance market issues
3) Basic Health Plan
4) Purchasing Role
5) Self Sufficiency
6) Benchmark benefits
7) Healthy NY and Family Health Plus Employer Partnership Program
8) Role of insurance producers, Chambers, business associations
9) Role of Navigators
10) Role of Exchange in decreasing health disparities
11) Health Savings Accounts
12) Integration of Public Health Insurance Programs
13) Large employer participation
Stakeholder Consultation

• Ongoing consultation with variety of stakeholders regarding:
  – State Legislation
  – Federal Regulations
  – Exchange-related Policy Decisions
Today’s meeting

• We’re here to open the relationship and discuss common interests
• We seek to establish a meaningful, on-going process for consultation
• We’d like your input on:
  • What barriers do Native Americans face today accessing coverage and care?
  • What are some suggestions for improving access to coverage through New York’s Exchange?
• Other issues?
Next Steps

• Establish on-going consultation process
• How often (monthly, quarterly)?
• How should we meet? (regional meetings? phone meetings?)

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Additional Information

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