



## **Federal Health Care Reform in New York State**

# *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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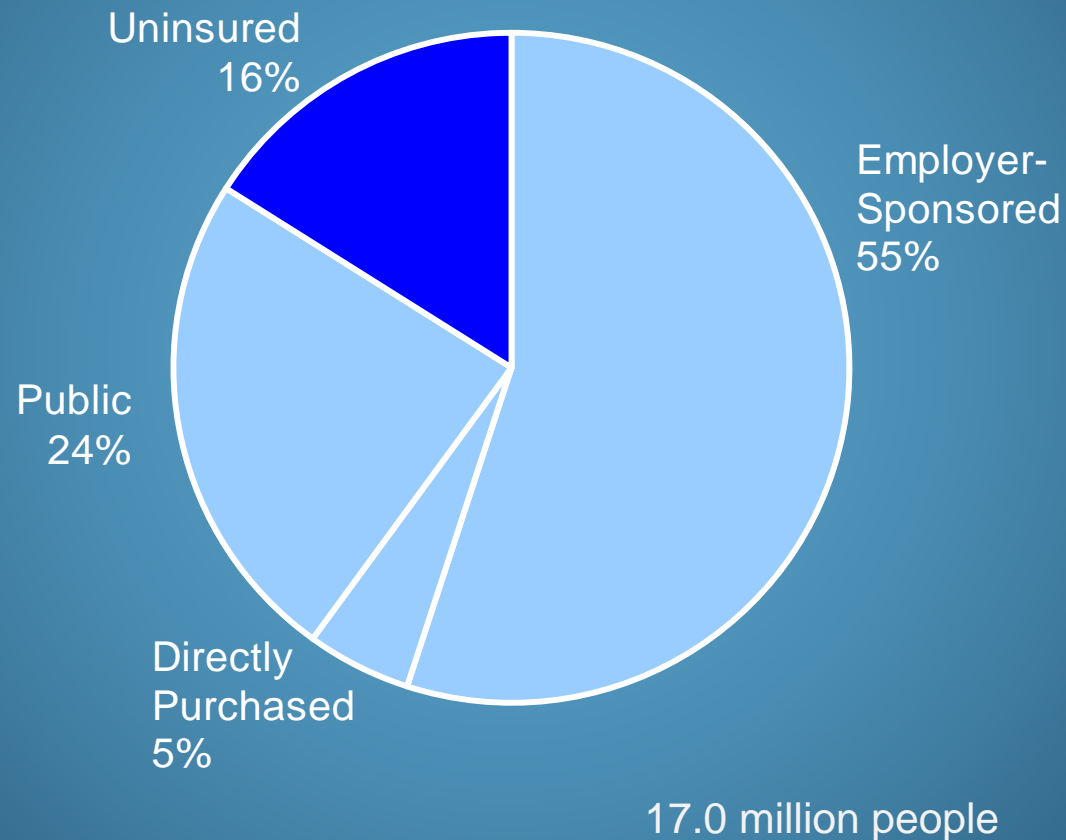
# Federal Health Care Reform Basics

## 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
- IHCA permanently reauthorized

# **Overview of Coverage Today & Impact of Reform in New York**

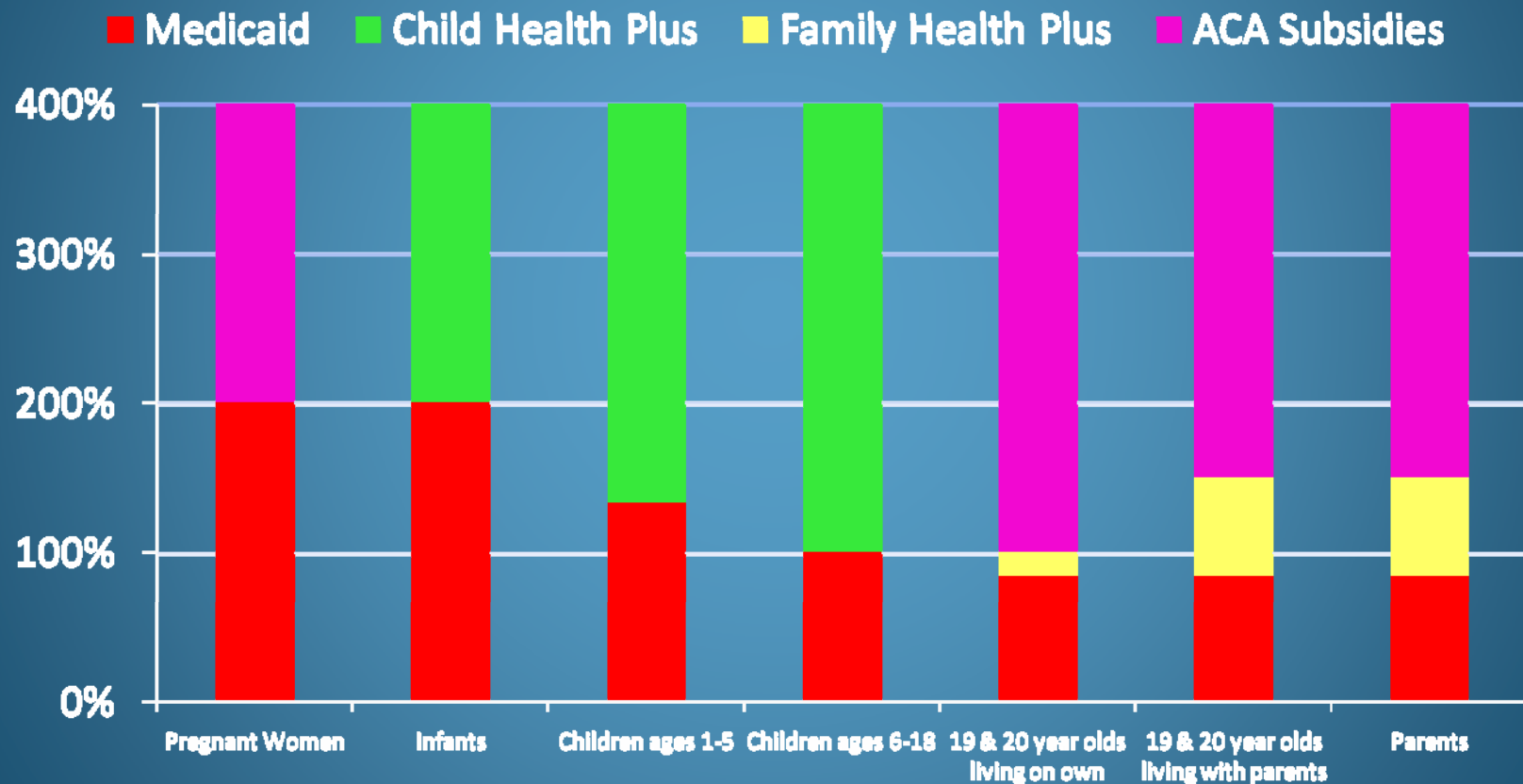
# Distribution of Health Insurance Coverage, New York State, 2011



Note: Estimates include New York State residents under age 65.

Source: Urban Institute, Health Insurance Policy Simulation Model, Preliminary Estimates, May 2011

# 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 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

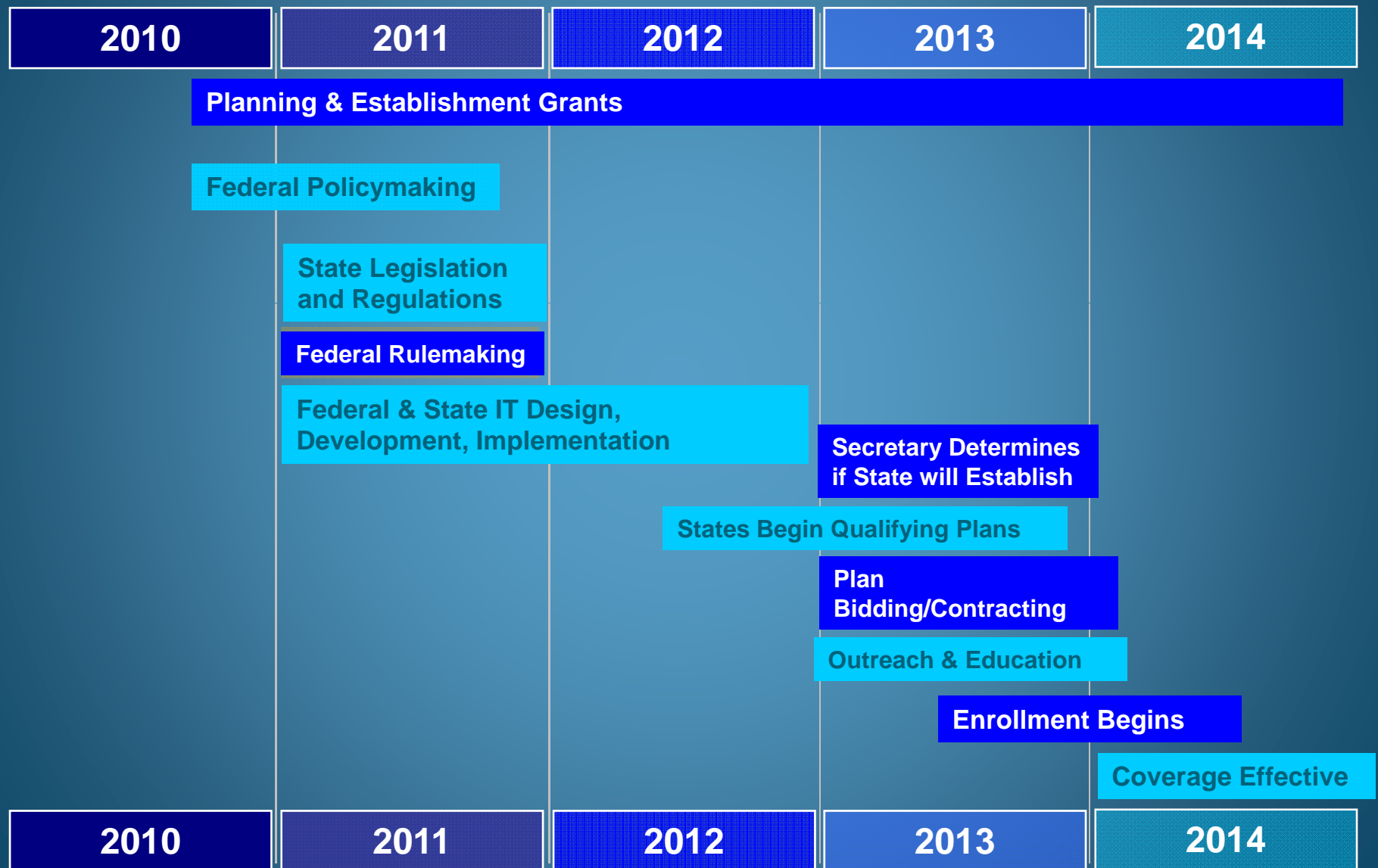
# Exchange Provisions Specific to Native American Populations

- 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

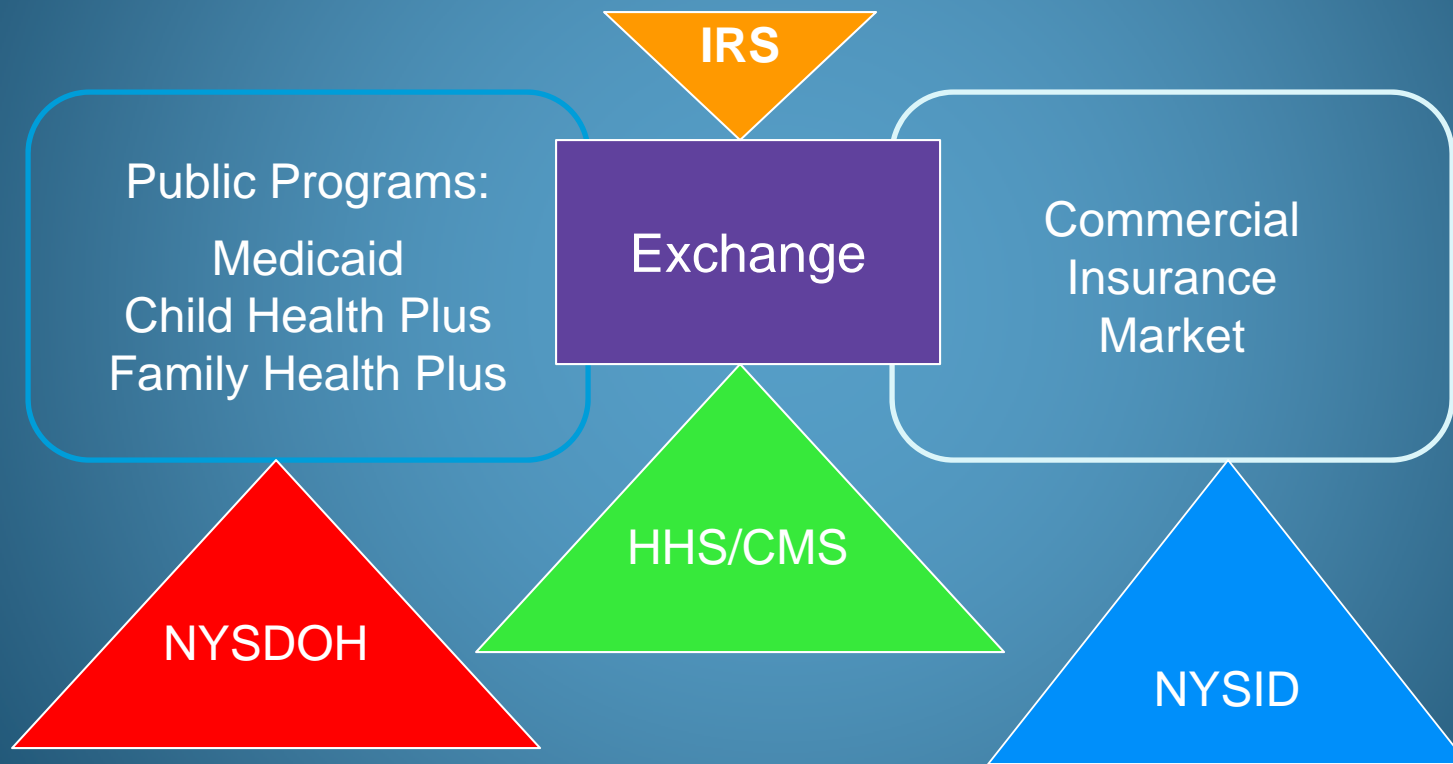
# Provisions Related to the Indian Health Service: Payer of Last Resort

- 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



# Exchange Will Operate Within a Larger Environment



# 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

## Exchange Policy Studies (cont'd)

- 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

[www.HealthCareReform.ny.gov](http://www.HealthCareReform.ny.gov)

<http://www.nybridgeplan.com>

<http://www.communityhealthadvocates.org>

Questions regarding implementation can be sent to:

[HealthCareReform@exec.ny.gov](mailto:HealthCareReform@exec.ny.gov)