

Update on the New York Health Benefit Exchange

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CHCANYS – April 24, 2013

What is an Exchange?

- Organized marketplace
 - Easily compare health plan options
 - Makes available tax credits and cost-sharing subsidies
 - Easily enroll in qualified health plans
- Two programs
 - Individual Exchange
 - Employer Exchange, which is called the Small Business Health Options Program, or “SHOP”

Functions of the Exchange

Eligibility and Enrollment

- Toll-free telephone hotline
- Web portal for eligibility determination and enrollment
- Ability to calculate the actual cost of coverage after individual tax credits and cost sharing reductions
- Certify individuals as exempt from individual responsibility

Certify Qualified Health Plans (QHPs)

- Make available qualified health and dental plans to eligible individuals and employers
- Assign a quality rating and actuarial value to each QHP offered through the Exchange
- Require QHPs to offer Essential Health Benefits
- Ensure adequacy of plan networks

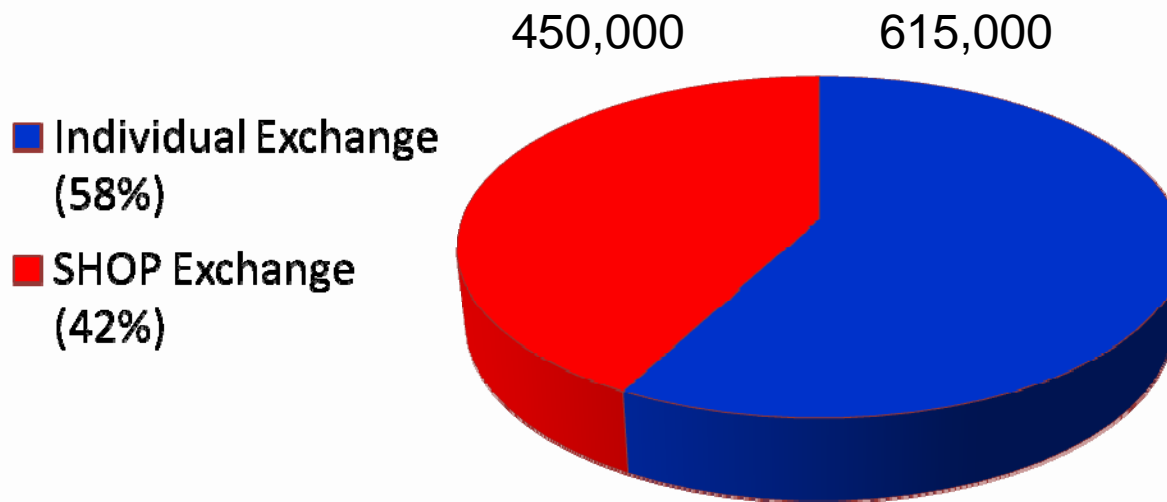
Health Reform & NY Health Benefit Exchange

What's Changing in our Public Health Programs

- Medicaid eligibility expands to 138% FPL for adults resulting in approximately 75,000 people being newly eligible for Medicaid
 - Most FHP enrollees become eligible, except about 36,000 parents who enroll through the Exchange and the state pays their premium
- Eligibility for Medicaid and CHP is determined by the Exchange
 - Application through the web portal, customer service center, in-person or by mail
- CHP continues for children up to 400% of FPL
- Outreach campaign increases awareness – people currently eligible for Medicaid but not enrolled sign-up

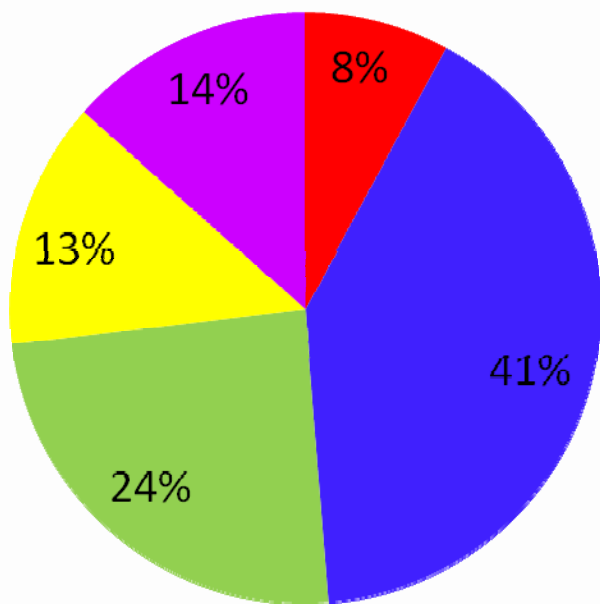
Full Implementation Impact of Exchange and Reforms in NY

- One million people will gain insurance
- Exchange enrollment is estimated to be 1.1 million people:

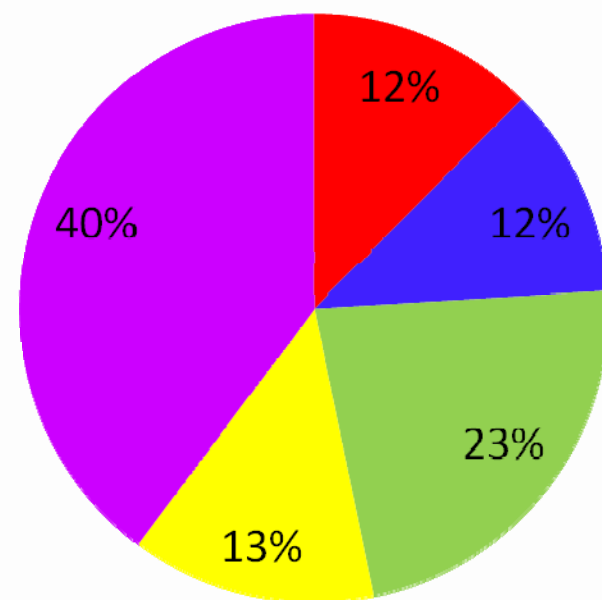


Enrollee Characteristics, by Income

Individual Exchange



SHOP Exchange

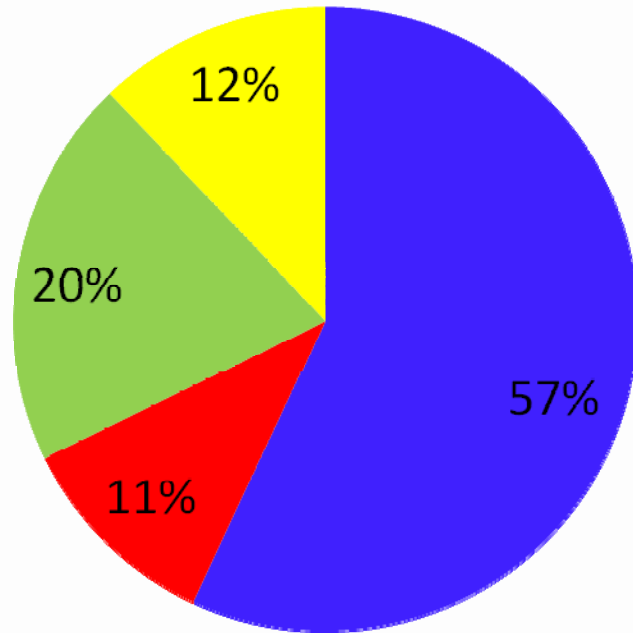


- Under 138% FPL
- 138-200% FPL
- 200-300% FPL
- 300-400% FPL
- Above 400% FPL

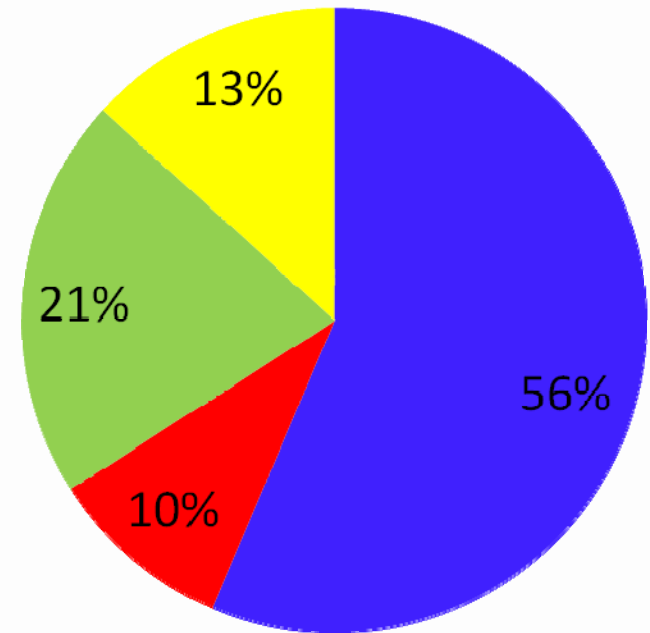
Source: Urban Institute, *Characteristics of Nonelderly New Yorkers Likely to Enroll in the Health Insurance Exchanges Under the Affordable Care Act*, February 2013.

Enrollee Characteristics, by Race/Ethnicity

Individual Exchange



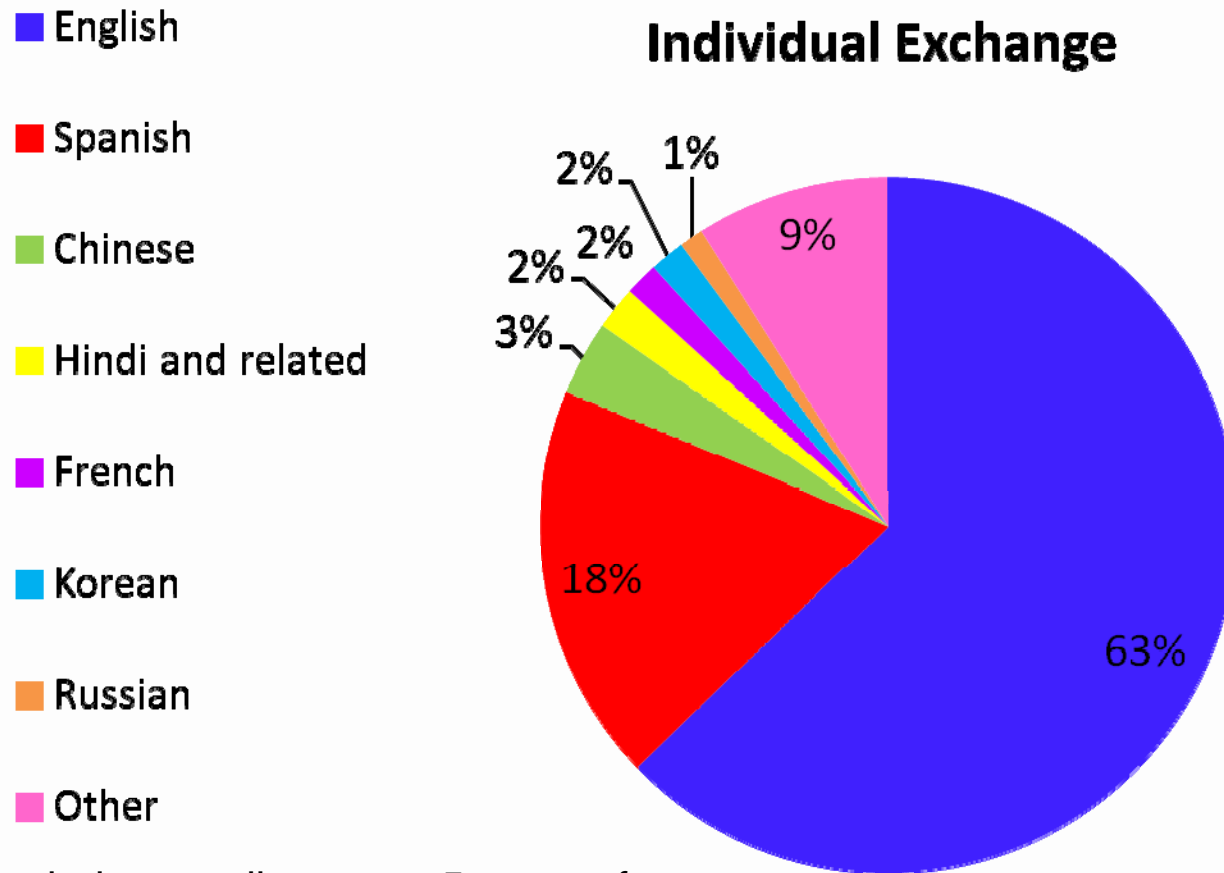
SHOP Exchange



- White/Non-Hispanic
- Black/Non-Hispanic
- Hispanic

Source: Urban Institute, *Characteristics of Nonelderly New Yorkers Likely to Enroll in the Health Insurance Exchanges Under the Affordable Care Act*, February 2013.

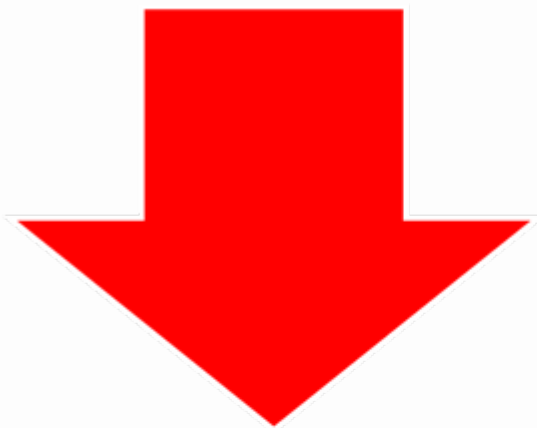
Enrollee Characteristics, by Language



Note: Includes enrollees over 5 years of age.

Source: Urban Institute, *Characteristics of Nonelderly New Yorkers Likely to Enroll in the Health Insurance Exchanges Under the Affordable Care Act*, February 2013.

Impact of Exchange and Health Reform in NY



Premiums decline in small group and individual market in all scenarios modeled



\$2.6 billion in federal tax credits per year for individuals and small businesses further reduce the cost of coverage

Illustration of Tax Credits for Individuals

Source: Kaiser Family Foundation Subsidy Calculator

Assumes Premium of \$5,400/Year

	2014 Income	% FPL	Estimated Annual Tax Credit	Estimated Monthly Premium	Percent of Income
Single	\$17,000	148%	\$4,742	\$55	3.87%
Single	\$28,000	243%	\$2,565	\$182	7.82%
Single	\$40,000	348%	\$ 954	\$317	9.50%

Key Accomplishments to Date

- ✓ Awarded nearly \$370 million in federal funds for Exchange establishment activities
- ✓ Established and convened five Regional Advisory Committees
- ✓ Conducted background research on key policy decisions
- ✓ Contracted with a System Integrator to build IT system
- ✓ Contracted with customer services organization
- ✓ Invited Health Plans to Participate in the Exchange
- ✓ Invited organizations to apply to be In-Person Assistors/Navigators
- ✓ Received conditional certification from HHS in December 2012

Health Plan Invitation Released January 31, 2013

Goals

- Offer comprehensive affordable, coverage in all areas of the State
- Balance innovation with reasonable choice
- Make it easy for consumers to compare options
- Ensure health plans have adequate networks
- Monitor health plan quality, utilization of services, and consumer satisfaction
- Preserve consumer protections, as defined in federal and state law and regulation
- Ensure consistency with the outside market

NETWORK ADEQUACY

- All QHP and Stand-Alone Dental Products will be subject to network adequacy test
- Requirements will initially mirror those used by the SDOH for HMO products
- QHPs will be required to use “best efforts” to contract with Essential Community Providers and, at a minimum, must include one FQHC and one tribal operated health clinic in each county to the extent one is available
- All plans must submit provider networks on a quarterly basis; over time, will be required on a monthly basis
- Network information will be available to consumers during the plan selection process

NETWORK ADEQUACY TIMELINE

- Application Proposals were due April 15, 2013. All major insurers have expressed an interest in participating.
- Initial network adequacy submissions will begin on April 30, 2013. The next submission will occur in July.
- Certification of the QHPs is anticipated to occur around July 15, 2013.

REIMBURSEMENT OF FQHCs

- Products offered through the Exchange generally fall under two categories:
 - (1) Medicaid and Child Health Plus
 - (2) QHPs (i.e., HMOs, PPOs, EPOs)
- Reimbursement for the Government Programs is established under the respective programs and includes “wrap” reimbursement by the state.
- Reimbursement for the QHPs is found in 45 CFR 156.235(d) and (e), which does NOT include “wrap” reimbursement by the state. The regulations generally state that FQHCs are to be reimbursed at the PPS rate, unless the provider and insurer mutually agree upon different rates.

Customer Assistance and Enrollment Support

Online

- Through the Exchange portal
- Chat and co-browser features for assistance

Phone and Mail

- Call Center capability in English, Spanish and TDD
- Language Line available for additional languages
- Written materials in several languages

In-Person assistance

- Brokers
- Navigators and In-Person Assistors
- Certified Application Counselors

IPA/Navigator RFA Released February 13, 2013

Goals

- Ensure that all types of organizations permitted in federal rules are eligible to compete
- Provide grants to a diverse group of organizations that will provide high-quality enrollment assistance, in a manner that is linguistically and culturally appropriate to the populations being served
- “One-Stop” consumer assistance for Exchange, Medicaid and Child Health Plus coverage
- Ensure availability of assistors in all counties of the State
- Full list of awards announced around July 1, 2013, posted on website
- Have IPA/Navigators ready to provide assistance at open enrollment, October 1, 2013

Certified Application Counselors

- Provide in-person assistance and enrollment support
- Designed for those entities who want to continue assisting consumers but do not meet the requirements of a Navigator/In-Person Assistor
- Subject to the same training and certification requirements as IPA/Navigators
- Final federal rule not yet issued - more information expected this summer

Grassroots Outreach

Goals:

- **Build public awareness** of the Exchange
- **Build support, educate and earn by-in** from organizations who work with targeted populations
- **Educate individuals and small businesses** about health insurance and the benefits of enrolling in the Exchange
- **Actively focus outreach efforts** on the most vulnerable and difficult to reach populations and address their needs and concerns
- **Drive potential enrollees to an enrollment mechanism** including online, by phone, in-person and by mail

Exchange Timeline

- ✓ Executive Order Issued - April 2012
- ✓ NY completes HHS Design Review - October 2012
- ✓ NY submits Blueprint to HHS – November 2012
- ✓ NY receives conditional certification from HHS to operate a state-based Exchange -December 2012
- Grassroots Outreach activities begin - April 2013
- Health Plans Selected for participation in 2014 - July 2013
- In-Person Assistor/Navigator Program begins – September 2013
- Customer Service opens for business – September 2013
- Advertising Campaign launched – September 2013
- Applications accepted – October 2013
- Coverage starts – January 2014

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State Agencies
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New York Health Benefit Exchange

THE OFFICIAL HEALTH EXCHANGE FOR NEW YORK STATE

HOME
WHAT IS AN EXCHANGE?
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The Smart Choice for Small Business

Beginning October 1, 2013, small businesses will have access to the insurance opportunities that larger employers already enjoy - greater choice of plans at lower costs.

READ MORE »

SLIDE 2 OF 3

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Jan 31, 2013

Invitation Issued for Health Insurer and Dental Plan Participation....

[Click here for details](#)

Latest News & Events

- FEB 13, 2013** Press Release and Fact Sheet for In-Person Assistor and Navigator Program for the New York Health Benefit Exchange
- FEB 13, 2013** Policy Study Released: Employer Health Insurance Preference Research
- FEB 8, 2013** Policy Study Released: Medicaid Benchmark Benefits under the Affordable Care Act: Options for New York

HealthBenefitExchange.ny.gov
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