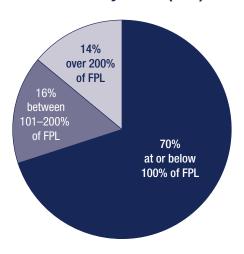




► A Basic Health Plan (BHP) Will Offer Additional Health and Fiscal Benefit to New York State

An estimated 86% of FQHC patients live at or below 200% Federal Poverty Level (FPL).



Without a Basic Health Plan, low-income New Yorkers will be faced with the decision to either pay an unaffordable premium, or pay a penalty and forgo coverage.

What is the Basic Health Plan (BHP) Option?

The BHP is a provision under the Affordable Care Act (ACA) that gives states an option to create an insurance program for:

- low-income adults between 138-200% of the federal poverty level (FPL); and
- lawfully present immigrants up to 200% of FPL who are not eligible for Medicaid.

By adopting the BHP, the State can:

- transfer the cost of covering qualifying New Yorkers to the federal government without shifting costs to the consumer—this cost-shift would generate annual cost savings between \$500 million and \$1 billion in New York State; and
- increase health care access for lawfully present immigrant populations.

Without a BHP, low-income New Yorkers may not be able to access care because it would be too expensive, even with federal premium subsidies. The BHP option is required to provide care that is comparable in terms of affordability and comprehensiveness to the options available under the New York State of Health (NYSOH).

Federally Qualified Health Center (FQHC) Patients Will Benefit from the Basic Health Plan

In accordance with their mission, FQHCs provide care to all, regardless of ability to pay. Not-for-profit, community-based providers located in medically underserved areas, FQHCs offer high quality, cost-effective, patient-centered primary and preventive health services to anyone seeking care, regardless of their insurance status. FQHCs are medical homes, offering a comprehensive model of care associated with demonstrated improved outcomes and reduced costs.

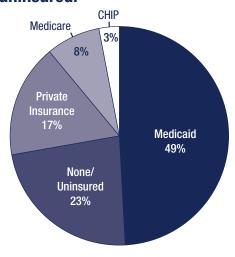
As New York State's primary care safety net, FQHCs often struggle under the fiscal constraints of providing care for the uninsured because of the low reimbursement rate they receive for serving these patients. New York's adoption of the BHP will help ensure that more New Yorkers have access to affordable health insurance, while in turn helping to relieve the fiscal burden of caring for these patients.





A Basic Health Plan (BHP) Will Offer Additional Health and Fiscal Benefit to New York State continued

A majority of FQHC patients are Medicaid beneficiaries or are uninsured.



Today, FQHCs serve 1.6 million New Yorkers annually and are New York's primary care safety net.

FQHCs care for underserved patients of whom:

- two-thirds are below the poverty level,
- one-quarter are best served in a language other than English,
- three-fourths are racial and ethnic minorities,
- one-quarter are uninsured,
- 75,000 FQHC patients are homeless, and
- 110,000 are elderly.

Why Should New York Provide a Basic Health Plan?

A BHP will ensure affordable coverage for low-income New Yorkers.

Many low-income New Yorkers are eligible for commercial health insurance coverage under the NYSOH but cannot afford the premium payments. The annual cost for coverage for a low-income family under the NYSOH may reach \$2,330, even after federal premium subsidies have been applied. Enrollees who have not paid their deductibles prior to the expiration of the 90-day grace period will lose their coverage. The solution is to offer New Yorkers protection through a BHP, which may only cost an enrollee between \$0 and \$100 annually.

New York has spent hundreds of millions of dollars to cover lawfully present immigrants up to 138% of FPL under Medicaid. Covering these adults under the BHP, combined with the Family Health Plus Premium Assistance Program coverage for parents making between 139% to 150% of FPL, would alleviate the State's current costs of providing coverage to these groups.

The BHP does not provide coverage for individuals who lack legal status and may end up receiving care at FQHCs or through other safety net providers.