

BHP Alternatives/1332 Waivers Subcommittee Impact and Feasibility Matrix

12/07/16

Problems Identified	Magnitude of Impact			1332 Waiver Required	FFM Issues	Feasibility
	Population	State Budget ¹	Federal Budget ²			
Basic Health Plan Problems						
(1a) Immigrants with less than 5 years residency	Low (4,000)	Low ³ /High	High/Low	Possibly	Yes	Low to Moderate
(1b) Family Glitch* * The Affordable Care Act's (ACA's) "family glitch" refers to how some low-to-moderate-income families may be locked out of receiving financial assistance to purchase health coverage through the new health insurance Marketplaces. Eligibility is not solely determined by income. It is also subject to whether a family has access to affordable employer-sponsored insurance. The problem is that the definition of "affordable"--for both an individual employee and a family--is based only on the cost of individual-only coverage and does not take into consideration the often significantly higher cost of a family plan. Families caught up in the glitch cannot qualify for premium tax credits to reduce the cost of a Marketplace plan or for cost-sharing reductions to lower their out-of-pocket payments for health services, even if the family cannot afford coverage otherwise.	Low to Moderate (7,500 to 25,000)	High ⁴ /High	High/Low	Possibly	Yes	Low
(1c, 3a, & 4) Individuals under 200% FPL	Low (12,000)	High ⁵ /High	High/Low	Possibly	No	Low
(1d) Medicare Beneficiaries	High (138,000)	High ⁶ /High	High/Low	Possibly ⁷	Yes	Low
Non-BHP Problems						
(2&3) Individuals not eligible for premium subsidies and/or CSRs	High	High ⁸ /High	High/Low	Possibly	Yes	Low
(5) Increase the use of the Coordinated Care Model in the private market	High	Low/Low	Low/Low	Unlikely	No	High
(6) Individuals who live in underserved areas of state (public option, pool of last resort)	High	High/High ⁹	Low/Low	Unlikely ¹⁰	No	Moderate

¹ With a 1332/Without a 1332.

² With a 1332/Without a 1332.

³ Assumes state pays for a portion of subsidies and CSRs (wrap around).

⁴ Assumes state pays for a portion of subsidies and CSRs (wrap around).

⁵ Assumes state pays for a portion of subsidies and CSRs (wrap around).

⁶ Assumes a state contribution.

⁷ The Social Security Act prohibits a commercial insurer from knowingly selling a QHP to a Medicare beneficiary.

⁸ Assumes state pays for a portion of subsidies and CSRs.

⁹ Assumes state funds the program.

¹⁰ If the plans are commercial plans, a waiver would be required for changes to EHB and the risk pool.

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Non-BHP Problems (continued)						
(7) Undocumented individuals allowed to purchase through the Marketplace	Moderate to High (Between 31,000 & 88,000)	High ¹¹ /High ¹²	High/Low	Yes	Yes	Low
(8 & 9) Transition between QHPs and OHP (benefits, networks, costs)	Unknown	Unknown	Unknown	Possibly	Possibly	Low
(10) Social Determinants of Health	High	Low/High	High/Low	Possibly	No	Low
(11) Exclude social determinants of health spending from MLR calculation	High	NA	NA	Not allowed	No	0
(12) Individuals purchasing bronze plans eligible for CSRs	Moderate (~20,000)	Low/Low	NA	No	No	High
(13) Adding CSRs to categories of care under bronze plans	High	Low/High	High/Low	No ¹³	No ¹⁴	Low

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¹¹ Assumes state pays for a portion of subsidies and CSRs (wrap around).

¹² Assumes state pays for subsidies and CSRs.

¹³ Assumes state reimburses carriers for CSRs.

¹⁴ Assumes state reimburses carriers for CSRs.