Subsidized state-based programs that offer coverage to individuals and families with the goal of limiting out-of-pocket expenses

	Massachusetts	Maine	California	New York
Program name	Commonwealth Care	DirigoChoice	Cal-CHIPP (California Cooperative Health Insurance Purchasing Pool)	Healthy New York
Website	http://www.massresources. org/pages.cfm?contentID= 81&pageID=13&Subpages =yes	http://www.dirigohealth.mai ne.gov/	[Plan was not enacted.]	http://www.ins.state.ny.us/w ebsite2/hny/english/hny.htm
Subsidy mechanism	State pays portion of enrollees' premiums.	State pays portion of enrollees' premiums, deductibles, and other out of pocket costs.	State pays enrollees' premiums and out-of-pocket costs, pays a portion of premiums only, or provides a tax credit, depending on income level.	State makes "stop loss" reimbursement payments to health plans for 90% of all annual claims totaling between \$5,000 and \$75,000 per member.
Eligibility				
Who is eligible?	Adults only who are uninsured and not offered ESI where the employer pays at least 20% of cost for individuals or 33% for families	- Small employers (2-50 employees) - Sole proprietors - Individuals and their dependents who are ineligible for DirigoChoice through their employers	- Self-employed and non-employed individuals and their dependents Employed individuals whose employer does not offer ESI and their dependents - Employed individuals and their dependents who are not eligible for their employer's ESI <i>if</i> the employer elects to make the pool the exclusive offering under its Section 125 plan.	- Small employers (2-50 employees) where 30% of employees earn \$38,000/yr or less and who have not offered ESI in the last year - Sole proprietors who meet the same criteria as individuals - Individuals, spouses and dependents who have worked in past year and have been uninsured for 12 months (or lost coverage due to specific events).



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What is the role	None.	Employers who opt to	Employers must provide ESI	For individuals and sole
of employers?		participate in DirigoChoice	or pay a fee which helps	proprietors: None.
		choose from three plan	support Cal-CHIPP.	
		options and must pay a	Employers may choose to	For small businesses: Must pay
		minimum of 60% of the	make Cal-CHIPP available	50% of employee premium
		premium costs for	to employees as a Section	costs; must certify that at least
		employees. Employers may	125 plan, in which case	50% of employees have health
		choose to pay up to 100% of	individuals can bring the	coverage; must offer Healthy
		premium costs for employees	employer's ESI contribution	NY to all employees who work
		& their dependents.	to Cal-CHIPP.	20+ hours/week and earn
T 1' 1' 1'.		1 1 1		\$38,000 or less.
Is eligibility	individuals	households	not specified	individuals
determined for families or for				
individuals?				
Income				
What is the	300% FPL	300% FPL	250% FPL for subsidies	250% FPL
income threshold	300701112	30070 TTL	400% FPL for tax credits	23070 II L
to be eligible for			100% II Lioi tax credits	
a subsidy?				
How is income	Gross income for entire	Gross income for individual	not specified	Gross income of individual
calculated?	household	& spouse/domestic partner	1	and spouse over past 4-6
		based on filed tax returns		weeks
Are disregards	No	Yes. Disregards for		Yes. Disregards for child
applied?		childcare expenses and child		support received and capital
		support payments.		gains.
Are assets tests	No	No		No
applied?				
Who calculates	MassHealth, the agency	Dirigo Health Agency, an	Pool administered by	Applicant. (Application is
income?	that administers the state's	independent executive	Managed Risk Medical	submitted directly to HMO
	Medicaid program	agency	Insurance Board (MRMIB).	rather than to a state agency.)
			Either this Board or a county	
			Medicaid eligibility worker	
			would calculate income.	



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Over what period is income eligibility determined?	Annual	Annual. Follows insurance renewal cycle.	not specified	Annual recertification
Is income determined the same way or differently from Medicaid?	Same. A single application is used. It is evaluated first for Medicaid eligibility and then for Commonwealth Care eligibility.	Differently. Dirigo does not use an asset test, while Medicaid does. Also, Dirigo determines eligibility on a sliding scale, while Medicaid is a yes/no determination.	Not specified. However, the same bill that created Cal-CHIPP included Medicaid expansions (to 250% FPL for adults and 300% FPL For children).	Differently.
Family cost				
How are premiums calculated?	Sliding scale. < 150% FPL: \$0 150% – 200% FPL: \$40+ 200% – 250% FPL: \$80+ 250% – 300% FPL: \$120 - \$170 Premiums are per person. A family pays a separate premium for each enrolled individual.	Sliding scale. 100%-149% FPL: 80% subsidy 150%-199% FPL: 60% subsidy 200%-249% FPL: 40% subsidy 250%-299% FPL: 20% subsidy Insurance company calculates premiums. Subsidies are determined by Dirigo Health Agency.	Sliding scale. < 150% FPL: \$0 150% - 250% FPL: not more than 5% of income, net allowable deductions. 250% - 400% FPL: tax credit equal to the amount of qualified health coverage premiums in excess of 5.5% of adjusted gross income.	Premiums vary by region and health plan. Four benefit packages are standardized statewide. - Healthy NY - Healthy NY with Rx coverage - high deductible plan - high deductible plan with Rx coverage
What are the cost-sharing amounts?	No deductibles. Copays – go up as up income scale. (See summary).	Deductibles and total out of pocket costs are limited based on chosen plan, individual or family coverage, and income. Deductibles range from \$250 - \$4000, and out of pocket cost maximums range from \$800 - \$5600.	< 150% FPL: \$0 150% - 250% FPL: to be determined by MRMIB.	If standard plan is chosen, no deductibles. If high deductible plan is chosen, \$1,150 individual or \$2,300 family. If Rx plan is chosen, \$100 deductible for drugs. Copayments range from \$20 for most office visits to \$500 for inpatient hospital services.

				Additional copayments for Rx.
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Who calculates and processes enrollee payments?	Massachusetts The insurers who provide plans for Commonwealth Care are four not-for-profit Medicaid managed care organizations. (Note: In 2010 there will be a 5 th – not a Medicaid MCO). The enrollee then remits their share of premium payment through Commonwealth Care. Commonwealth Care pairs this with state dollars and pays the premium to the chosen plan.	For Individuals Insurance plan sets rates. Members can apply for subsidies through the Dirigo Health Agency, which determines the appropriate discount level. Members send their share of premium to the Dirigo Health Agency each month. The Agency sends this member share along with the subsidy to the insurer. For Sole Proprietors work like individuals Sole proprietors contribute 60% of the employee-only cost. Subsidies are processed like for individuals. For Small Groups Employers must contribute 60% of the employee-only cost. Employees contribute their full share through payroll deduction. The Agency provides monthly subsidies directly to	MRMIB	



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Benefit design				
Do subsidized plans look like Medicaid or like commercial plans?	Hybrid. Participating plans are Medicaid managed care organizations and benefits are comprehensive, like Medicaid. However, members have to pay premiums like in a commercial plan and can be disenrolled for nonpayment.	Commercial plan; pays commercial rates to providers.	Hybrid. MRMIB to set standards for minimum coverage.	Commercial plan
Benefits	Comprehensive Plans can add additional services as they compete for business. Plans for enrollees under 100% FPL include dental benefits.	Comprehensive, though less so than MaineCare, the state's Medicaid program. Provides preventive coverage and mental health parity.	Comprehensive	Comprehensive
Medicaid				
thresholds				
Parents – working	133%	206%	100%	150%
Parents – not working	133%	200%	106%	150%
Children				
Ages 0-1	200%	200%	200%	200%
Ages 1-5		150%	133%	133%
Ages 6-19	150%	150%	100%	100%
Childless adults	300%	300%	N/A	250%
Disabled	100%	100%	100%	N/A

