

Draft Notes from Sub-Group on Subsidized Populations

Meeting: Thursday, October 7th from 10:00 am – 12:00 pm

Participants:

- From the Exchange Advisory Group
 - Misha Werschkul, SEIU Healthcare 775NW
 - Randy Flem, Pacific Underwriters
 - Patty Hayes, WithinReach
 - Donna Steward, Association of WA Business
 - Joshua Welter, WCAN and Main Street Alliance
- From the Low-Income Populations Advisory Group
 - Ingrid McDonald, AARP WA
 - Molly Firth, Community Health Network of WA
 - Janet Varon, Northwest Health Law Advocates
 - Lan Nguyen, Children’s Alliance
 - Rachel Quinn (on behalf of Dorothy Teeter, Seattle-King County Public Health)
 - Bill Riley, Jamestown S’Klallum Tribe and Family Health and Dental Clinic

Other Interested Individuals Who Could Not Attend First Meeting:

- Steven Wish, Washington Association of community and Migrant Health Centers
- Michael Vanderlinde, Harborview Medical Center

Meeting Agenda:

1. Introductions
2. Update from Exchange Advisory Committee on work so far
3. Update from Low-Income Advisory Committee on work so far
4. Review of Options for Subsidized Populations and Advantages and Disadvantages of Each
5. Next Steps

Notes:

Need to define what we mean by low-income. Decided to focus at first meeting on how to best serve individuals between 133 – 200% of poverty. Focus on question of what is best option: BHP or Exchange. There are approximately 91,500 uninsured in this group.

We spent most of the meeting discussing the pros and cons of each option and brainstorming research questions that we needed to answer before moving forward.

	BH Option	Exchange Option
Risk Pooling	2 risk pools. Unclear how stable 133-200% of poverty population is.	Bigger risk pool – may help stabilize exchange to have this population included
Transitions as Individual’s Income Increases or Decreases	No cliff between Medicaid and BH at 133% of poverty (seamless transition) – but need to think about	No cliff at 200% of poverty (seamless transition) – but need to think about whether there is a cliff

	whether there is a cliff at 200% as people move from BH option to Exchange	at 133% as people move from Medicaid to Exchange
Low-Income undocumented	Options of coverage for low-income undocumented if using state funds	
Benefit Design	Plans/providers designed specifically for a low-income population. Could be a better deal for individuals – may be richer benefit or lower cost sharing than exchange options	More choices
Maximizing Federal Dollars	Gives state more flexibility and control about how money is spent. Questions about risk for state if costs go up for this population?	May bring in more federal money (BHP option brings in 95% of subsidies).

Research Questions:

1. What is the income and age distribution of low-income individuals and how many are clustered around 133% or 200% of poverty? (Molly researching)
2. Where would WSHIP people go? How many are low-income? How many are sponsored/subsidized? (Donna researching)
3. Who holds risk on BHP as costs go up? Does reinsurance exist for BHP?
4. What is the age breakdown of the Medicaid expansion and Exchange pools? (Molly researching)
5. What is being done to ensure provider capacity for each option?