Options for expanding health insurance coverage under HJR 48

May 1, 2008

Issue	Cost	Purpose
Mandate review	~ $60,000 for a study/commission	Obtain from a stakeholder commission or a legislative commission input on what mandates may be important for group/individual coverage. Funding would pay for hearings and cost-benefit analysis of existing mandated benefits.
Limited mandate individual policy	borne by policyholders and insurers	Lower the monthly premium cost for individual policies by removing mandated coverage, which Blue Cross Blue Shield of Montana estimated at $21.22 in December 2006.
Health Insurance Commission	Depends on scope of authority.	Provide staff and continuous policy direction by stakeholder group, appointed by legislative and executive branch to develop recommendations for health insurance and cost reforms. Directives could be adjusted yearly by the legislature. Could be temporary (as a Blue Ribbon Commission) or more permanent or with a termination date.
Revise conditions for Insure Montana	Depends on approach For 1) - $11,327,775 for 2) - $3,101,316 for current - $3,626,690 for waiting list for 3) - not sure if this would increase number served	1) Expand coverage to cover waiting list for of 712 businesses/5369 lives wanting to be in subsidized purchasing pool. Or expand tax credit to cover waiting list of 77 businesses/425 lives. 2) Adjust cap on subsidy levels, which were not indexed to inflation, which means fewer people covered in the future 3) Adjust 33-22-2006(1)(e) reference to no employees earning more than $75,000 in gross compensation to a lower amount to expand targeted small group market.
Put CHIP and Medicaid (for children) into same program silo	To be estimated	Provide efficiencies in programs so that children whose parents earn more than Medicaid allows would be served by CHIP more seamlessly. 18 states have separate programs, 24 have combined plans, according to the National Conference of State Legislatures.

Increase percent of poverty level allowed in CHIP	To be estimated	Intended to increase the number of children eligible for the Children's Health Insurance Program. 17 states have eligibility thresholds above 250% of the federal poverty level. Montana's level increased to 175% after the 2007 session.
Revise premium and assessment payments by insurers/TPAs	To be estimated	Level the playing field among health insurers who pay the premium tax and health service corporations who do not, along with the playing field between health insurers, health service corporations, who pay assessments for the Montana Comprehensive Health Association (insurer of last resort) and those self-insured groups and third-party administrators (TPAs) who do not pay assessments. (Only public entity self-insured groups are eligible because ERISA (the Employee Retirement Income Security Act of 1974 limits regulation of other self-insured groups, but public policy can direct public governments to comply). Could incorporate Washington State proposals on reinsurance policies to offset assessments.
Levy assessments for MCHA on reinsurance policies	To be estimated	Some of the self-insured groups reinsure. By assessing reinsurers for MCHA there would be a way to obtain assistance for MCHA subsidies for those unable to make payments ranging up to 150% of the average premium rates charged by the fie insurers or health service corporations with the largest premiums in the state.
Revise MCHA board	No appreciable cost, depending on the structure and size of the board	Provide more of a balance between consumers and insurers. Currently the board's membership includes 8 people, of which 5 are from participating insurers listed with the largest premiums in the state, along with 2 people appointed by the commissioner and who must be participating members of the association. The votes of these 7 are weighted. No board member can have more than 50% of the vote. The one public interest board member has 1 unweighted vote.
Other?		