# Basic Health Program Blueprint

## Introduction

Section 1331 of the Patient Protection and Affordable Care Act (Pub. L. 111-148, enacted March 23, 2010), as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111-152, enacted March 30, 2010) (collectively referred to as the Affordable Care Act or ACA), provides States with an option to establish a Basic Health Program (BHP). In States that elect to operate a BHP, the BHP makes affordable health benefits coverage available for individuals under age 65 with household incomes between 133 percent and 200 percent of the Federal poverty level (FPL) who are not otherwise eligible for Medicaid, the Children's Health Insurance Program (CHIP), or affordable employer-sponsored coverage, or for individuals whose income is below these levels but are lawfully present non-citizens ineligible for Medicaid. For those States that have expanded Medicaid coverage under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (the Act), the lower income threshold for BHP eligibility is effectively 138 percent due to the application of a required 5 percent income disregard in determining the upper limits of Medicaid income eligibility (section 1902(e)(14)(I) of the Act).

## Federal Requirements for Submission and Review of a Blueprint (42 CFR Part 600 Subpart B)

In order for the BHP to be certified and to be eligible for payment, a State must submit a BHP Blueprint to CMS that describes the operations and management of the program and its compliance with the Federal rules. The Blueprint is not intended to duplicate information collected through State applications for other insurance affordability programs. The Blueprint also details the design choices of the State and fulfills other requirements under the law and regulations at 42 CFR Part 600.

When submitting a BHP Blueprint for initial certification, the Blueprint must be signed by the State's Governor or by the official with delegated authority from the Gover to sign it. The Blueprint must be accompanied by a funding plan that 1) describes the enrollment and cost projects for the first 12 months of operation and the funding sources and 2) demonstrates that Federal funds will only be used to reduce premiums and cost-sharing or to provide additional benefits. There is no 90-day review clock for the initial Blueprint certification; however, no Federal payments will occur until the BHP receives full certification.

When submitting a revised Blueprint, a State should redline the changes to the existing Blueprint. Pursuant to 42 CFR 600.125, a State must submit a revised Blueprint to reflect 1) changes in Federal law, regulations, policy interpretations, or court decisions that affect provisions in the certified Blueprint; 2) significant changes that alter program operations under 42 CFR 600.145(f) or the BHP benefit package; or 3) changes to enrollment, disenrollment and verification policies described in the certified Blueprint. A revised Blueprint must be Federally approved by the 90$^{th}$ day after submission unless the State is notified in writing that the Blueprint is disapproved or that specified additional information is needed. Additional information is requested through a request for additional information that stops the clock. The clock is restarted after the State submits a complete response to CMS. Multiple requests for additional information can be sent during the review period.

# Section 1: BHP State Background Information

This section of the Blueprint records the administrative information for the State's BHP.

**1.1.** Administrative Information

**1.1.1.** State Name:

**1.1.2.** Program Name (if different than BHP):

**1.1.3.** Administrative agency responsible for BHP ("BHP Administering Agency"):

**1.1.4.** BHP Blueprint Designated State Contact Information:

**1.2. Requested Initial Certification Date.** This section is only applicable for the initial Blueprint submission. If not applicable, please proceed to section 1.3.

**1.2.1.** Requested Interim Certification Date (if applicable):

**1.2.2.** Requested Initial Full Certification Date:

**1.2.3.** Requested Initial Program Implementation Date:

**1.3. Blueprint Revisions.** List the Blueprint Revisions in chronological order.

Blueprint Revision Number (ST-YR-####-BHP):

Blueprint Revision Summary:

Effective date:

Certification date:

**1.4. BHP State Officials Information.** List the names of the State officials responsible for program administration and financial oversight for the BHP. Include the name, title, agency name and the activity they are responsible for.

Name:

Title:

Agency Name:

Responsibilities:

**1.5. Governor or Designee Information**

**1.5.1.**

Name:

Signature:

Date of Official Submission:

# Section 2: Public Input

This section of the Blueprint records the State's method for meeting the public comment process required for Blueprint submission. This section applies only to the current Blueprint submission and will supersede any previous public input.

**1.6. Public Comment** (42 CFR 600.115(c))

**1.6.1.** Provide the dates the public comment period opened and closed.

**1.6.2.** Describe the public comment process used in your State, such as public meetings, legislative sessions/hearing, the use of electronic listservs, etc.

**1.6.3.** Provide a list of the groups/individuals that provided public comments.

**1.6.4.** Provide a brief summary of public comments received and the changes made, if any, in response to public comments.

**1.7. Tribal Consultation** (42 CFR 600.155)

**1.7.1.** Describe the consultation process that occurred specifically for the development and submission of this Blueprint, when it occurred, who was involved and what comments were received.

**1.7.2.** ☐ The State assures that all Federally recognized Tribes in the State were included in public comment.

# Section 3: BHP Trust Fund

This section of the Blueprint records the State's BHP trust fund information. For security purposes, the State will submit to CMS any other necessary account information separately from the BHP Blueprint.

2.1. **Primary Contact Information**. Provide the name, phone number, and email of the primary contact for the BHP trust fund.

**2.2. Trust Fund Information.** Provide the institution's name, address, phone number, and account name for the BHP trust fund.

**2.3. Trustee Information**

**2.3.1.** Provide the name, organization and title of each trustee. Indicate if the trustee can authorize withdrawals. (42 CFR 600.705(a)(2) and (3))

**2.3.2.** Is anyone other than trustees indicated above able to authorize withdrawals? (42 CFR 600.705(a)(3))

☐ No

☐ Yes

If yes, please include the name and title of everyone with this authority.

**2.3.3.** Is there a separation between the entity holding the trust fund ("trustees") and the entity operating the trust fund?

☐ No

☐ Yes

If yes, please describe the relationship below. Include the name and contact information for the entity operating the trust fund. Also include a copy of a written agreement outlining the responsibilities of the entity operating the trust fund.

**2.3.4.** Describe the process of appointing trustees.

**2.3.5.** Provide a list of the trustees' responsibilities.

**2.3.6.** Has the State made any arrangements to insure or indemnify trustees against claims for breaches of fiduciary responsibility?

☐ No

☐ Yes

If yes, please describe the arrangements.

**2.4. Trust Fund Attestations.** The BHP administering agency assures that it is ready and able to:

**2.4.1.** Maintain an accounting system and fiscal records in compliance with Federal requirements for State grantees, including OMB circular A-133 and applicable Federal regulations. (42 CFR 600.710(a))

☐ Full Assurance

☐ Contingency Assurance

**2.4.2.** Obtain an annual certification from the BHP Trustees, the State's chief financial officer (CFO), or designee, certifying 1) the State's BHP Trust Fund financial statements for the fiscal year; 2) the BHP trust funds are not being used for the non-Federal share for any Federally funded program; and 3) the use of BHP trust funds is otherwise in accordance with Federal requirements (including that use of BHP funds is limited to permissible purposes). (42 CFR 600.710(b))

☐ Full Assurance

☐ Contingency Assurance

**2.4.3.** Conduct an independent audit of trust fund expenditures over a 3-year period in accordance with chapter 3 of GAO's Government Auditing Standards. (42 CFR 600.710(c))

☐ Full Assurance

☐ Contingency Assurance

**2.4.4.** Publish annual reports on the use of funds within 10 days of approval by the trustees. (42 CFR 600.710(d))

☐ Full Assurance

☐ Contingency Assurance

**2.4.5.** Establish and maintain BHP trust fund restitution procedures. (42 CFR 600.710(e))

☐ Full Assurance

☐ Contingency Assurance

**2.4.6.** Retain records for 3 years from the date of submission of a final expenditure report or until the resolution and final actions are completed on any claims, audit or litigation involving the records. (600.710(f) and (g))

☐ Full Assurance

☐ Contingency Assurance

**2.4.7.** **Contingency Descriptions.** Please describe the contingency or dependency that limit full assurance of the BHP trust fund standards. Please describe any mitigation steps that will be in place and the date by which a full assurance will be possible.

# Section 4: Eligibility & Enrollment

This section of the Blueprint records the State's choices in determining eligibility procedures for BHP and records assurances that demonstrate compliance with BHP standards. Please check the boxes for the standards the State can fully assure it has completed. If the State has not completed the standard, check the contingency assurance and provide a description and date of expected completion.

3.1. **Eligibility Standards.** The State assures that it can or will be able to:

**3.1.1.** Enroll an individual in a standard health plan who is a resident of the State. (42 CFR 600.305(a)(1))

☐ Full Assurance

☐ Contingency Assurance

**3.1.2.** Enroll an individual in a standard health plan who is either a citizen with household income exceeding 133 but not exceeding 200% FPL or a lawfully present noncitizen ineligible for Medicaid or CHIP due to immigration status with household income below 200% FPL (42 CFR 600.305(a)(2) and 600.305(a)(5));

☐ Full Assurance

☐ Contingency Assurance

**3.1.3.** Enroll an individual in a standard health plan who is not eligible for either minimum essential coverage (MEC) or affordable employer-sponsored insurance (ESI) (42 CFR 600.305(a)(3))

☐ Full Assurance

☐ Contingency Assurance

**3.1.4.** Enroll an individual in a standard health plan who is less than 65 years old (42 CFR 600.305(a)(4));

☐ Full Assurance

☐ Contingency Assurance

**3.1.5.** Enroll an individual in a standard health plan who is not incarcerated other than during disposition of charges. (42 CFR 600.305(a)(6))

☐ Full Assurance

☐ Contingency Assurance

**3.1.6. Contingency Descriptions.** Please describe the contingency or dependency that limits full assurance of the eligibility standards. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**3.1.7.** Does the State operate a separate program to provide coverage to any individuals who would otherwise meet the eligibility standards in 42 CFR 600.305(a)?

☐ No

☐ Yes

If yes, please describe the separate program(s) including the permissible authority.

## 3.2. Application Activities

**3.2.1.** The State assures that the single streamlined application includes relevant BHP information. (42 CFR 600.310(a))

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limits full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**3.2.2.** The State assures that it provides individuals the opportunity to apply and receive application assistance, including being accessible to persons who are limited English proficient and persons who have disabilities consistent with 42 CFR 435.905(b), that it is equal to Medicaid. (42 CFR 600.310(b))

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limits full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

## 3.3. Authorized Representatives

**3.3.1.** Does the State permit the use of an authorized representative designated by an applicant or beneficiary to assist with the individual's application, eligibility renewal and other ongoing communication with the BHP? (42 CFR 600.310(c))

☐ No (skip the remaining questions in 4.3)

☐ Yes

**3.3.2.** The State elects to permit the use of an authorized representative that follows the standards of:

☐ Medicaid policy (42 CFR 435.923); or

☐ Exchange policy (45 CFR 155.227)

**3.3.3.** The State assures that the authorized representative standards are consistent with the policy indicated above in 4.3.2.

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limits full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**3.4. Certified Application Counselors**

**3.4.1.** Does the State have a certified application counselor program to assist individuals to apply for enrollment in the BHP and other insurance affordability programs? (42 CFR 600.315)

☐ No (skip the remaining questions in 4.4)

☐ Yes

**3.4.2.** The State elects to use a certified application counselor program that follows:

☐ Medicaid policy (42 CFR 435.908); or

☐ Exchange policy (45 CFR 155.225)

**3.4.3.** The State assures that the certified application counselor program is consistent with the policy indicated above in 4.4.2.

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limit full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**3.5. Timely Determinations.** (42 CFR 600.320(b)) Provide the standards established by the State to ensure timely eligibility determinations. These standards must be in compliance with 42 CFR 435.912 exclusive of 435.912(c)(3)(i).

**3.6. Effective Date of Eligibility** (42 CFR 600.320(c))

**3.6.1.** The State elects to establish a uniform method of determining the effective date of eligibility for

enrollment in a standard health plan which:

☐ Follows the Exchange effective date standard at 45 CFR 155.420(b); or

☐ Follows the Medicaid effective date standards at 42 CFR 435.915 exclusive of 435.915(a); or

☐ Follows an effective date of eligibility of the first day of the month following the month in which BHP eligibility is determined; or

☐ Follows an effective date of eligibility standard established by the State. Please describe the State's proposed effective date of eligibility standard.

**3.6.2.** The State assures that the effective date of eligibility standard is consistent with the policy indicated above in 4.6.1.

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limit full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**3.7. Enrollment Periods** (42 CFR 600.320(d))

**3.7.1.** The State elects to use the enrollment process or periods that follows:

☐ The continuous enrollment process of Medicaid; or

☐ The open and special enrollment periods of the Exchange (45 CFR 155.410 and 155.420);

**3.7.2.** The State assures that the enrollment policy is consistent with the policy indicated above in 4.7.1.

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limits full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**3.8. Appeals** (42 CFR 600.335)

**3.8.1.** Does the State follow the appeals rules of the State's Medicaid program for BHP eligibility determinations and health service matters?

☐ Yes

☐ No

If no, then the State requests an exception. (42 CFR 600.335(c)). Please describe the State's appeals

rule.

**3.8.2.** The State assures that the appeals standards are consistent with the policy indicated above in 4.8.1.

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limit full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**3.9. Redetermination and Renewals** (42 CFR 600.340)

**3.9.1.** The State assures that it requires an enrollee to report changes in circumstances, at least to the extent they would be required to do so if enrolled in Exchange coverage (600.340(a))

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limits full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**3.9.2.** The State assures that it affords enrollees a notice of reasonable opportunity at least annually to change plans to the extent the BHP offers a choice of plans and must remain in the plan selected for the previous year unless such enrollee terminates coverage from the plan by selecting a new plan or withdrawing from a plan, or the plan is no longer available as a standard health plan in BHP. (600.340(b))

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limits full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**3.9.3.** Describe the State's plan selection and enrollment methodology if an enrollee's plan is no longer available and they do not select a new plan.

**3.9.4.** The State elects to use the redetermination procedures that follow:

☐ Medicaid policy (42 CFR 435.916(a)); or

☐ Exchange policy (45 CFR 45 CFR 155.335)

**3.9.5.** The State assures that the redetermination procedures are consistent with the policy indicated above in 4.9.4.

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limits full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**3.9.6.** Does the State implement continuous eligibility and redetermine enrollees every 12 months, regardless of changes of circumstances, as long as enrollees are under 65, not enrolled in alternative MEC and remain State residents? (42 CFR 600.340(f))

☐ Yes

☐ No

**3.10. Eligibility Verification** (42 CFR 600.345)

**3.10.1.** The State elects to use the eligibility verification standards that follow:

☐ Medicaid policy (42 CFR 435.945 through 435.956); or

☐ Exchange policy (45 CFR 155.315 and 155.320 for the Exchange)

**3.10.2.** The State assures that the eligibility verification is consistent with the policy indicated above in 4.11.1.

☐ Full Assurance

☐ Contingency Assurance

If contingency assurance, please describe the contingency or dependency that limits full assurance. Describe any mitigation steps that will be in place and the date by which full assurance will be possible.

**Coordination with other Insurance Affordability Programs (IAPs)** (42 CFR 600.330)

**3.10.3.** Describe the State's process and timeline for incorporating BHP into the eligibility service in the State including the State's Exchange (if applicable). Include pertinent timeframes and any contingencies that will be used until system changes (if necessary) can be made. (42 CFR 330(a))

**3.10.4.** Describe the process the State is using to coordinate BHP eligibility and enrollment with other IAPs in such a manner as to ensure seamlessness to applicants and enrollees. (42 CFR 330(b))

# Section 5: Standard Health Plan Contracting

This section of the Blueprint collects information about the standard health plans that will be offered in the State as well as how the State plans to contract with the offerors.

**3.11. Contracting Process** (42 CFR 600.410)

**3.11.1. Full and Open Competition.** (42 CFR 600.410(b)) The State assures that it has or will conduct the contracting process in a manner providing full and open competition including:

☐ Following its own procurement standards in conformance with applicable Federal law.

☐ Conducting the procurement in a manner providing full and open competition.

☐ Using permitted methods of procurement.

☐ Contracting with small, minority and women owned firms to the greatest extent possible.

☐ Providing a cost or price analysis in connection with every procurement action.

☐ Making available the technical specifications for review.

☐ Following policies for minimum bonding requirements.

☐ Including all the required contract terms in all executed contracts.

**3.11.2. Negotiations.** (42 CFR 600.410(d)) The State assures that it has or will include a negotiation of the following:

☐ Premiums (if applicable)

☐ Cost-sharing (if applicable)

☐ Benefits

☐ Innovative features, such as:

☐ Care coordination and care management;

☐ Incentives for the use of preventive services; and

☐ Maximization of patient involvement in health care decision making.

☐ Other. Describe the other innovative features.

**3.11.3. Competitive Process.** (42 CFR 600.410(e)) The State assures that it has or will include criteria in the competitive process to ensure:

☐ Consideration of health care needs of enrollees;

☐ Local availability of and access to providers to ensure the appropriate number, mix and

geographic distribution to meet the needs of the anticipated number of enrollees in the service area so that access to services is at least sufficient to meet the standards applicable under 42 CFR Part 438, Subpart D, or 45 CFR 156.230 and 156.235;

☐ Use of managed care or a similar process to improve the quality accessibility, appropriate utilization and efficiency of services provided to enrollees;

☐ Development and use of performance measures and standards;

☐ Coordination between other IAPs;

☐ Measures to address fraud, waste and abuse and ensure consumer protections.

**3.11.4.** ☐ The State assures that it has or will establish protections against discrimination including safeguards against any enrollment discrimination based on pre-existing condition, other health status related factors, and comply with the nondiscrimination standards set forth at 42 CFR 600.165. (42 CFR 600.410(f))

**3.12. Standard Health Plan Contracting Requirements** (42 CFR 600.415)

**3.12.1.** States are required to include the standard set of contract requirements that will be incorporated into its standard health plan contracts. Standard health plan contracts are required to include contract provisions addressing network adequacy, service provision and authorization, quality and performance, enrollment procedures, disenrollment procedures, noticing and appeals, and provisions protecting the privacy and security of personally identifiable information. However, we have given States a "safe harbor" option of reusing either approved Medicaid or Exchange contracting standards.

☐ Medicaid contracting standards

☐ Exchange contracting standards

☐ Other contracting standards

If other, please describe the other contracting standards.

**3.12.2.** ☐ The State assures that it has or will establish a Medical Loss Ratio of at least 85% for any participating health insurance issuer and the minimum standard is reflected in contracts. (42 CFR 600.415(b)(3))

**3.13. Choice of Standard Health Plans**

**3.13.1.** The State assures that standard health plans from at least two offerors are available to enrollees. (42 CFR 600.420(a)(1))

☐ Yes

☐ No

If no, please include the State's exception request. This exception request must include a justification as to why it cannot assure choice of standard health plan offeror and demonstrate that it has reviewed its competitive contracting process. The exception request must be resubmitted on an annual basis. (42 CFR 600.420(a)(2))

**3.13.2.** If applicable, describe any additional activities the State will use to further ensure choice of standard health plans to BHP enrollees.

**3.14. Regional Compact** (42 CFR 600.420(b))

**3.14.1.** Is the State participating in a regional compact?

☐ No (skip the remaining questions in 5.4)

☐ Yes

**3.14.2.** List the other States participating in the regional compact.

**3.14.3.** Are there specific areas within the participating States that the standard health plans will operate?

☐ No

☐ Yes

If yes, please describe the specific areas.

**3.14.4.** If a State contracts for the provision of geographically specific standard health plans, please describe how it will ensure that enrollees, regardless of location within the State, have choice of at least two standard health plan offerors. indicate plans by area. (42 CFR 600.420(b)(3)(ii)(A))

**3.14.5.** ☐ The State assures that the regional compact's competitive contracting process complies with the requirements set forth in 42 CFR 600.410.

**3.14.6.** If applicable, indicate any variations in benefits, premiums and cost-sharing, and contracting requirements that may occur as a result of regional differences between the participating regional compact States.

**3.15. Coordination of Health Care Services**. (42 CFR 600.425) Describe how the State will ensure coordination for the provision of health care services to promote enrollee continuity of care between BHP and Medicaid, CHIP, the Exchange and any other State administered health insurance programs.

# Section 6: Premiums and Cost-sharing

This section of the Blueprint collects information from the State documenting compliance with requirements for establishing premiums and cost-sharing. Additionally, it provides CMS general information about the State's planned premium and cost-sharing structures and administration.

**4.1. Premiums.** (42 CFR 600.505)

**4.1.1.** Does the State impose premiums on the enrollees?

☐ No (skip remaining questions in 6.1)

☐ Yes

**4.1.2. Premium Assurances.** The State assures that:

☐ The monthly premium imposed on any enrollee does not exceed the monthly premium the individual would have been required to pay had he/she been enrolled in the applicable benchmark plan as defined in the tax code;

☐ When determining premiums, the State has taken into account reductions in the premium resulting from the premium tax credit that the enrollee would have been paid if he/she were in the Exchange;

☐ It will make the amount of premiums for all standard health plans available to any member of the public either through posting on a website or upon request; and

☐ Enrollees will be notified of premiums at the time of enrollment, reenrollment or when premiums change, along with ways to report changes in income that might affect premiums.

**4.1.3.** Provide the website or other source for public access to premiums. (42 CFR 600.515)

**4.1.4.** Describe the group(s) of enrollees subject to premiums, including any variation by FPL and the applicable premiums. (42 CFR 600.505(a)(2)(i))

**4.1.5.** Describe the collection method and procedure for the payment of premiums. (42 CFR 600.505(a)(2)(ii))

**4.2. Cost-Sharing.** (42 CFR 600.520)

**4.2.1.** Does the State impose cost-sharing on the enrollees?

☐ No (skip remaining questions in 6.2)

☐ Yes

**4.2.2. Cost-Sharing Assurances.** The State assures that:

☐ Cost-sharing imposed on enrollees meets the standards of 42 CFR 600.520(c).

☐ American Indians are exempt from cost-sharing, in accordance with 42 CFR 600.160(b).

☐ The State has not imposed cost-sharing for preventive health services or items as defined in 45 CFR 147.130, in accordance with 42 CFR 600.510.

☐ The State has provided the amount and type of cost-sharing for each standard health plan that is applicable to every income level either on a public website or upon request to any member of the public, and specifically to applicants at the time of enrollment, reenrollment or when cost-sharing and coverage limitations change, along with ways to report changes in income that might affect cost-sharing amounts.

**4.2.3.** Provide the website or other source for public access to cost-sharing rules.

**4.2.4.** Describe the group(s) subject to cost-sharing.

**4.2.5.** Describe all copayments, co-insurance, and deductibles, by service group.

**4.2.6.** Describe the system in place to monitor compliance with cost-sharing protections.

**4.3. Disenrollment Procedures for Non-Payment of Premiums.** (42 CFR 600.525)

**4.3.1.** ☐ The State assures that it is compliance with the disenrollment procedures described in 45 CFR 155.430.

**4.3.2.** The State assures that:

☐ It will comply with the premium grace periods standards at 45 CFR 156.270 prior to disenrollment and that it will not restrict reenrollment beyond the next open enrollment period; or

☐ Is providing a minimum grace period of 30 days for the payment of any required premium prior to disenrollment and that it will comply with reenrollment standards at 42 CFR 457.570(c).

**4.3.3.** Describe the State's disenrollment process.

Describe the consequences for an enrollee or applicant who does not pay a premium, including grace

periods, and re-enrollment procedures. (42 CFR 600.525(b)

# Section 7: Operational Assessment

This section of the Blueprint records the State's assurances to meet the BHP operational requirements. If contingency assurances are provided, the State must describe those and the steps that will be taken to achieve full assurance.

**5.1. Eligibility and Renewals.** The State assures that it can or will be able to:

**5.1.1.** Accept an application online, via paper, and via phone and provide in alternative formats in accordance with 42 CFR 600.310(b).

☐ Full Assurance

☐ Contingency Assurance

**5.1.2.** Return an accurate and timely eligibility result for all BHP eligible applicants.

☐ Full Assurance

☐ Contingency Assurance

**5.1.3.** Process a reported change and redetermine eligibility.

☐ Full Assurance

☐ Contingency Assurance

**5.1.4.** Comply with the ex-parte renewal process.

☐ Full Assurance

☐ Contingency Assurance

**5.1.5.** Issue an eligibility notice and share such notice with CMS, if requested.

☐ Full Assurance

☐ Contingency Assurance

**5.1.6.** Issue a renewal notice and share such notice with CMS.

☐ Full Assurance

☐ Contingency Assurance

**5.1.7.** Ability to terminate/disenroll from BHP for a variety of reasons, such as reaching age 65, obtaining MEC.

☐ Full Assurance

☐ Contingency Assurance

**5.1.8.** Issue termination/disenrollment notice to enrollees.

☐ Full Assurance

☐ Contingency Assurance

**5.2. Premium Payment and Plan Enrollment.** The State assures that it can or will be able to:

**5.2.1.** Issue an accurate and timely premium invoice. (If no premium, not applicable)

☐ Full Assurance

☐ Contingency Assurance

**5.2.2.** Receipt and apply the premium payment correctly. (If no premium, not applicable)

☐ Full Assurance

☐ Contingency Assurance

**5.2.3.** Notify enrollees of health plan choices and complete plan enrollment.

☐ Full Assurance

☐ Contingency Assurance

**5.2.4.** Issue a health plan disenrollment notice.

☐ Full Assurance

☐ Contingency Assurance

**5.3. Coordinate Enrollment with other Insurance Affordability Programs.** The State assures that it can or will be able to transfer accounts and provide notification. (42 CFR 600.330(c) through (f)).

☐ Full Assurance

☐ Contingency Assurance

**Contingency Descriptions.** Please describe the contingency or dependency that limits full assurance. Please describe any mitigation steps that will be in place and the date by which full assurance will be possible.

# Section 8: Standard Health Plan

This section of the Blueprint outlines the benefits provided in the State's standard health plan(s) in the BHP. Pursuant to 42 CFR 600.405, standard health plan coverage must include, at a minimum, the EHBs as determined and specified under 45 CFR 156.110 and 45 CFR 156.122 regarding prescription drugs. A State may select more than one base benchmark plan option set forth at 45 CFR 156.111.

6.1. The State is proposing to use a CMS-approved EHB base benchmark plan.

☐ Yes

☐ No

**6.1.** Provide the specific name(s) of the base benchmark plan selected.

**6.2.** The State's detailed standard health plan benefits description only needs to be included in the initial BHP Blueprint submission and any Blueprint revision that includes an update to the benefits provided. See *Section 8 Attachment* for more information.

# Section 9: Secretarial Certification

## Interim Certification

Secretary/Secretary's Designee

Director
Children and Adults Health Programs Group
Center for Medicaid and CHIP Services

Interim Certification:
Implementation Date:

## Full Certification

Secretary/Secretary's Designee

Director
Children and Adults Health Programs Group
Center for Medicaid and CHIP Services

Full Certification Date:
Implementation Date:

## Revised Certification

Secretary/Secretary's Designee

Director
Children and Adults Health Programs Group
Center for Medicaid and CHIP Services

Revised Certification Date:
Effective Date: