Template for State Basic Health Program Annual Report

Requirements

A state that has elected to establish a Basic Health Program (BHP) as authorized under section 1331 of the Affordable Care Act is required by federal regulations to submit annually a report to the Centers for Medicare and Medicaid Services (CMS) on BHP program operations, containing content described in 42 C.F.R. § 600.170, and on BHP fiscal policies and accountability, as described in 42 C.F.R. § 600.710(d). Specifically, the annual report must contain:

1. Any evidence of fraud, waste, or abuse on the part of participating providers, plans, or the State BHP agency known to the state, and a detailed data-driven review of compliance with the following:
    a. Eligibility verification requirements
    b. Limitations on the use of Federal funds received by the BHP
    c. Requirements to collect quality and performance measures from all participating standard health plans that focus on quality of care and improved health outcomes
    d. Additional requirements specified by the Secretary
2. A description of the use of BHP funds, including a separate line item that tracks the use of carryover funds, to reduce premiums and cost sharing or for the provision of additional benefits.
3. If applicable, the findings for the independent audit of BHP trust funds conducted in accordance with 42 C.F.R. §600.710(c).

In addition, CMS is required by section 1331(f) of the Affordable Care Act and 42 C.F.R. § 600.200(a) to conduct a compliance review based on the state annual report and/or a direct federal review of state BHP administration through analysis of the State's policies and procedures, reviews of agency operation, examination of sample of individual case records, and additional reports and/or data as determined by the Secretary.

Filing Deadline

Each state's BHP annual report is due by March 1st of each year. Information that may be required to secure the release of funding for the subsequent year may be requested in advance. [42 C.F.R. §§ 600.170(a)(4), 600.170(b)].

Method of Filing

Each state will submit a report consistent with the template via email to their CMS BHP Project Officer. CMS will acknowledge receipt of the report.

Indication of Changes Compared to State's Previous Year's Report

If the response to a question for the current annual report submission is the same as the previous year's report, the state should indicate that the response is the same by writing "No Change". The state should also keep the unchanged text in the question response.

PRA Disclosure Statement: This information is collected in accordance with Section 1331 of the Affordable Care Act and implementing regulations at 42 CFR part 600. Under 42 CFR 600.170, submission of an annual report is mandatory for states that operate a Basic Health Program. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1218 (Expires: November 30, 2026). The time required to complete this information collection is estimated to average 16 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

BASIC HEALTH PROGRAM ANNUAL REPORT

State/Territory: _____

(Name of State/Territory)

The following Annual Report is submitted in compliance with section 1331 of the Affordable Care Act.

Signature: _____

BHP Program Name(s): _____

Reporting Period: _____

Contact Person/Title: _____

Email: _____

Submission Date: _____

(Due to your CMS BHP Project Officer by March 1st of each year.)

Enrollment Assistance and Information Requirements
States are required to provide accurate, easily understood information about BHP and other coverage options. [42 C.F.R. § 600.150]

1. Describe how the state provides information to potential applicants and enrollees about BHP, including how it describes eligibility and benefits for BHP.
2. How does the state provide assistance to potential applicants and enrollees who contact the state with questions and/or issues? Do these resources change during and outside of Open Enrollment?
3. Describe how the state requires standard health plan issuers to provide information on benefits and eligibility, including how this information is made available to individuals living with disabilities and those with limited English proficiency.
4. Describe state requirements for standard health plans to make publicly available up-to-date provider directories. Does the state require the directories to be provided online?
5. Describe any plan shopping, drug formulary comparison or other consumer assistance tools available for applicants and/or enrollees.
6. Describe what steps the state has taken to ensure compliance with the requirements described in this section, any way in which the state or standard health plans have not complied with these requirements, and what actions have been taken in case of noncompliance.

Application
The state is required to use the "single streamlined application," In addition, it must permit application assistance and the use of authorized representatives. [42 C.F.R. §§ 600.310, 600.315]

1. For states reporting on their first year of operations, describe what changes the state has made to its single streamlined application to incorporate the BHP. Please provide a copy of the single streamlined application as an attachment to this report or a link to the application online.
2. For states that implemented the BHP prior to this reporting period, describe any changes the state made to its single streamlined application during this reporting period. Please provide a copy of the single streamlined application as an attachment to this report or a link to the application online, if different from what was submitted with the state's Blueprint or a previous year's annual report.
3. If applicable, describe how the state facilitates assistance, including the use of authorized representatives and certified application counselors, in the application process.
4. Describe how the application is made accessible by paper, online, and by phone. How do these options accommodate individuals with disabilities or limited English proficiency? How does the state provide assistance to individuals with disabilities or limited English proficiency with completing the application?

Eligibility Determination and Renewal

1. Describe any difficulties the BHP has encountered in implementing its BHP eligibility process and steps taken to address these difficulties.
2. Describe the BHP's performance on meeting eligibility determination standards of timeliness as outlined in the state's Blueprint.
3. How does the state BHP staff coordinate with Marketplace, Medicaid and CHIP staff on eligibility and enrollment processes?
4. Describe any quality assurance measures the BHP takes to assess the accuracy of its eligibility determinations.
5. Describe any differences between the eligibility process for new applications and change in circumstances reported by enrollees described in the state's Blueprint and how the state conducted these eligibility determinations this year.
6. Describe any differences between the renewal process described in the state's Blueprint and how the state conducted renewals this year. What reasons would prevent a BHP enrollee from being eligible for auto-renewal?
7. Describe any changes the state made to its eligibility and enrollment processes during this reporting period. Please include any changes made to come into compliance with any statutory or regulatory changes to the BHP, either at the state or federal level.

Eligibility Verification

Pursuant to 42 C.F.R. § 600.345, each BHP is required to perform eligibility verification consistent either with the Medicaid eligibility verification procedures, 42 C.F.R. §§ 435.945-.956, or the Exchange eligibility verification procedures, 45 C.F.R. §§ 155.315, 155.320. Each BHP's annual report is required to include a detailed data-driven review of these requirements. [42 C.F.R. § 600.170(a)(1)]

1. What percentage of enrollees gives consent to use IRS tax data to verify income at renewal? If the state knows, what percentage of enrollees give consent for a specific number of years (i.e. 1 year, 5 years)? Has the state taken any steps to increase these percentages?
2. Describe the sources the BHP uses to verify eligibility at renewal, with a new application, and with a change in circumstance reported by an enrollee. Please include federal and state sources. Also include whether attestation and/or paper documentation provided by the applicable/enrollee is permissible.

Eligibility Factor	New Application Source(s) (Electronic – Federal and State, Attestation, Paper Documentation)	Renewal Source(s) (Electronic – Federal and State, Attestation, Paper Documentation)	Change in Circumstance Source(s) (Electronic – Federal and State, Attestation, Paper Documentation)
Income			
Residency			

Eligibility Factor	New Application Source(s) (Electronic – Federal and State, Attestation, Paper Documentation)	Renewal Source(s) (Electronic – Federal and State, Attestation, Paper Documentation)	Change in Circumstance Source(s) (Electronic – Federal and State, Attestation, Paper Documentation)
Age (Date of Birth)			
Social Security Number			
Citizenship			
Immigration Status			
American Indian Status			
Membership in a Federally-recognized Tribe			
Household Size and Household Composition			
Medicare Enrollment			
Public Minimum Essential Coverage			
Eligibility for Employer Sponsored Insurance			
Enrollment in Employer Sponsored Insurance			
Incarceration Status			
Death			
Other			

3. How often does an electronic verification produce an inconsistency and what actions does the state take in these instances? Please answer for: an inconsistency that occurs at renewal, an inconsistency with a new application, and an inconsistency with a change in circumstance. Please provide metrics, if available.
4. What process does the state follow to handle cases with an individual whose information cannot be verified electronically (i.e. the 90-day period)?
5. Describe any current or planned activities (including a proposed timeline) to improve the BHP's eligibility verification procedure.
6. Describe any differences between the eligibility verification process described in the state's Blueprint and how the state has conducted eligibility verifications this year.
7. When the state requires paper verification documents from an individual, how often do individuals provide them?
    a. When the state requires paper documents, what is the average time for the state to receive the document, review the document and process the verification documents provided by an applicant/enrollee?
    b. Does the state extend the 90-day period if the individual provides the document(s) within 90 days and the state requires time beyond the 90 days to review and process the document(s)?

Notices

1. Describe how notices from the state are made accessible to individuals with disabilities or limited English proficiency.
2. Are applicants and/or enrollees able to receive their notices electronically from the state? Are applicants and/or enrollees able to view their notices in their online account with the state?

Eligibility and Health Services Matters Appeals

Individuals must be given an opportunity to appeal eligibility determinations. [42 C.F.R. § 600.335]

1. Describe the most common bases for eligibility appeals.
2. Describe the health services matters appeals process, including any informal resolution process used and the most common bases for health services matters appeals.
3. Describe how the processes for eligibility and health services matters appeals are made accessible to individuals with disabilities or limited English proficiency.
4. Describe how the BHP measures the performance and timeliness of its eligibility appeals process and describe the BHP's performance on those measures.

Enrollment Data

1. Describe how the state determines its quarterly enrollment data submissions to CMS for payment purposes are accurate.
2. Describe any steps the state is taking to improve enrollment data collection and submission procedures, including the timeline for submitting enrollment data, verification of the accuracy of the data and compliance with CMS data submission requirements.

3. Describe any analyses of BHP enrollment data the state has conducted (e.g., churn between programs, enrollee demographics, etc) and the results of those analyses.

Protections for American Indians and Alaska Natives
Indians are permitted to enroll in a standard health plan, or change enrollment, once a month and may not be charged cost-sharing. [42 C.F.R. § 600.160]

1. Describe the methodology the state uses to ensure that Indians pay no cost-sharing.
2. Describe the process for ensuring that standard health plans compensate providers for the lack of enrollee cost-sharing.
3. Describe the process for ensuring that the state compensates standard health plans for this cost-sharing reduction.

Nondiscrimination Standards
The state and standard health plans are required to comply with all applicable civil rights and nondiscrimination laws. [42 C.F.R. § 600.165]

1. Describe what oversight the state conducts to ensure standard health plans and state officials and agencies comply with applicable civil rights laws, with respect to the BHP.
2. Describe what civil rights complaints the state has received with respect to the BHP, if any.
3. Describe any civil rights investigations, and their outcomes, that the state has conducted with respect to the BHP.

Standard Health Plans
Please provide the following information for each plan that participated in the BHP for the applicable program year.

Standard HIOS Plan ID (14 digits + 2 digit variants)	Name of Issuer(s)	Delivery Mechanism (e.g., Licensed HMO, Health Insurance, Network of Health Care providers, Non-licensed HMOs participating in Medicaid/CHIP)	Standard Plan Actuarial Value (please include for individuals < 150% FPL and for individuals > 150% FPL)

Privacy and Security Standards
The state must comply with the Exchange privacy and security standards. [42 C.F.R. § 600.350]

1. Describe how the BHP satisfies privacy and security standards.
2. Describe any privacy and security breaches and steps to mitigate and prevent future breaches.

Financial Reporting

Each BHP is required to establish a BHP trust fund, which may be used only to reduce premiums and cost sharing for eligible individuals enrolled in standard health plans under BHP or provide additional benefits for eligible individuals enrolled in standard health plans determined by the state. BHP trust funds may not be expended for any other purpose. In particular, BHP trust funds may not be used in determining the amount of non-federal funds for the purposes of meeting matching or expenditure requirements for federal funding; program administration of BHP or any other program; payment to providers not associated with BHP services or requirements; or coverage for individuals not eligible for BHP. Non-federal funds may be deposited in the BHP trust fund and become subject to these same limitations. Unexpended trust fund amounts may be carried over into the next program year and remain subject to these limitations. [42 C.F.R. § 600.705]. Each BHP is required to conduct an independent audit, publish annual reports on the use of BHP funds, and submit to CMS an annual certification regarding the use of BHP funds. [42 C.F.R. § 600.710]

1. Did the state establish a BHP trust fund?
   - € Yes
   - € No

2. Did the state deposit nonfederal funds in the BHP trust fund, including interest earned on funds in the trust fund?
   - € Yes
   - € No

3. If yes, list source and amount of each nonfederal deposit, including interest earned on funds in the trust fund, in the BHP trust fund during the program year.

Date	Amount	Source

4. Did the state use BHP trust funds exclusively for purposes permitted under 42 C.F.R. § 600.705?
   - € Yes
   - € No

5. If no, please list date, amount, and purpose of nonpermissible trust fund expenditures and list steps state is taking to recover those amounts and prevent future nonpermissible trust fund expenditures.

6. Complete this table by listing the dollar amount for each category.

BHP Trust Fund & Program Expenditures

Category	Items	Dollar Amount
Carryover	Carryover from prior program year	
Contributions	Federal contributions to BHP trust fund	
Contributions	State contributions to BHP trust fund	
Contributions	Other contributions (non-federal and non-state) to BHP trust fund	
Contributions	Interest on the BHP trust fund	
Contributions	***Total contributions to BHP trust fund***	
Permissible Expenditures	Premium reductions for eligible individuals enrolled in standard health plans	
Permissible Expenditures	Cost sharing reductions for eligible individuals enrolled in standard health plans	
Permissible Expenditures	Additional benefits for eligible individuals enrolled in standard health plans	
Permissible Expenditures	Remittance of interest to HHS during BHP suspension period, if applicable	
Permissible Expenditures	***Total permissible trust fund expenditures***	
Nonpermissible Expenditures	***Total nonpermissible trust fund expenditures*** (should be recovered)	

Non-Trust Fund Expenditures	Total state-funded expenditures for administrative costs	
Non-Trust Fund Expenditures	Total state-funded expenditures for benefits, premiums reductions, or cost sharing reductions	
Non-Trust Fund Expenditures	Total state-funded expenditures for other costs	
Non-Trust Fund Expenditures	Total non-state-funded expenditures	
Non-Trust Fund Expenditures	***Total non-trust fund expenditures***	
Total BHP Operating Costs	Total federal funds used for BHP	
Total BHP Operating Costs	Total state funds used for BHP	
Total BHP Operating Costs	Total non-state and non-federal funds used for BHP (if any)	
Total BHP Operating Costs	***Total Annual BHP operating costs***	
Surplus	Surplus carried over to following program year (Equals carryover from prior program year plus total permissible contributions less total permissible expenditures)	

7. What are the sources of any contributions to the BHP trust fund or to BHP that are not deposited into the federal BHP trust fund that are not from federal or state sources?

8. Describe how the BHP trust funds were used by enrollees, standard health plan issuers, and other recipients of BHP trust funds exclusively for purposes permitted by federal law.

9. If the state will carry over funds to the next year, how does the state plan to use these funds? Are there any barriers to using the full amount of federal BHP funds, including carryover funds?

10. Attach to this annual report a certification from the BHP trustees, the state's chief financial officer, or designee, certifying all of the following [42 C.F.R § 600.710(b)]:
    1. The State's BHP trust fund financial statements for the fiscal year.

2. The BHP trust funds are not being used as the non-Federal share for purposes of meeting any matching or expenditure requirement of any Federally-funded program.
3. The use of BHP trust funds is in accordance with Federal requirements consistent with those specified for the administration and provision of the program.

11. How is the state meeting the requirement to have an independent audit on BHP trust fund expenditures under 42 CFR 600.710(c)?

12. Please describe any findings and corrective action plans, if applicable, for the independent audit conducted pursuant to 42 CFR 600.710(c).

Fraud, Waste and Abuse

This annual report is required to include any evidence of fraud, waste, or abuse on the part of participating providers, plans, or the State BHP agency known to the State. [42 CFR 600.170(a)].

1. Describe the mechanism, if any, the state has established to discover fraud, waste, or abuse on the part of participating providers, plans, or the state BHP agency.
2. Describe any evidence of fraud, waste, or abuse on the part of participating providers, plans, or the State BHP agency known to the State.
3. Describe all actions the state has taken in light of the evidence described in item 2, if any.

Quality and Performance Measures

Each BHP is required to include in its contracts with standard health plan issuers provisions addressing quality and performance. [42 C.F.R. § 600.415]. This annual report is required to include a data-driven review of compliance with requirements to collect quality and performance measures from standard health plans issuers, focusing on quality of care and improved health outcomes. [42 C.F.R. § 600.170(a)(3)].

1. Describe the BHP's contract provisions addressing quality and performance.
2. Describe the BHP's efforts to collect quality and performance measures from standard health plan issuers.
3. Describe the results from the review of the outcomes of the quality and performance measures from standard health plan issuers.
4. Describe what actions, if any, the BHP has taken in light of the results described in item 3 above.

Future Program Operations

1. Describe any way in which the BHP intends to change program operations for future years.