

Basic Health Plan Work Group

Principles for Evaluating the Basic Health Program Option

The Work Group will make recommendations about the need for a Basic Health Program (BHP) in Connecticut considering the *future state* of health care coverage options under the Affordable Care Act in 2014. That is, the benefits and risks of creating a BHP in 2014 will be compared to the benefits and risks of not having a BHP at that time, rather than comparing the prospect of a BHP with the present (2012) state of coverage options in Connecticut. In developing its recommendations, the Work Group will adhere to these principles:

A. Equity

1. Do no harm. The plan should make no individual or group worse off than they are now. Policy decisions should not disrupt people's lives.
2. The plan should not require lower income individuals to subsidize costs for higher income individuals.

B. Access

1. Care and services under the BHP should be available at least to the same extent that such care and services are available to the general population in the geographic area.¹
2. The program design should promote access to high quality, comprehensive care and continuity of care.
3. Payment methods should promote value (high quality at an efficient cost) rather than volume.

C. Sustainability

1. The plan should be sustainable and financially sound.
2. The plan should require no additional state funding.
3. The plan should include design features to reduce the risk of cost overruns.
4. The plan should maximize federal revenue.

¹ This is the federal Medicaid access standard – Sec. 1902(a)(30)(A) of the Social Security Act