Health Benefits for Immigrant Seniors and Adults

Updated Enrollment and Cost Estimates

March 31, 2023





OUR VISION FOR THE FUTURE

We improve lives.

- ▶ We address social and structural determinants of health.
- ▶ We empower customers to maximize their health and well being.
- ▶ We provide consistent, responive service to our colleagues and customers.
- ▶ We make equity the foundation of everything we do.

This is possible because:

We value our staff as our greatest asset.

We do this by:

Fully staffing a diverse workforce whose skills and experiences strengthen HFS.

Ensuring all staff and systems work together.

Maintaining a positive workplace where strong teams contribute, grow and stay.

Providing exceptional training programs that develop and support all employees.

We are always improving.

We do this by:

Having specific and measurable goals and using analytics to improve outcomes.

Using technology and interagency collaboration to maximize efficiency and impact.

Learning from successes and failures.

We inspire public confidence.

We do this by:

Using research and analytics to drive policy and shape legislative initiatives.

Clearly communicating the impacts of our work.

Being responsible stewards of public resources.

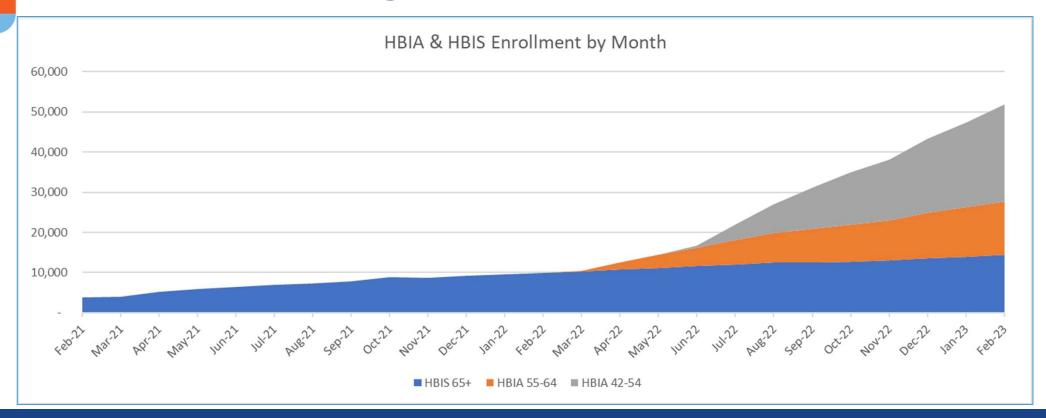
Staying focused on our goals.

Initial Enrollment and Cost Estimates

- In 2020, the Health Benefits for Immigrant Seniors (HBIS) program exceeded its appropriation in the first month of implementation.
- HFS brought in its contracted actuarial firm, Milliman, for future program enrollment and cost estimates.
- In 2021 and 2022, Milliman:
 - Used American Community Survey (ACS) census data for eligibility and enrollment estimates.
 - Assumed HBIS and Health Benefits for Immigrant Adults (HBIA) enrollees would not cost more than Medicaid enrollees.



Actual Program Enrollment Growth





SFY23 vs. SFY24 Enrollment Estimates

- Both the 65+ age group and the 55-64 age group have more enrollees than Milliman thought would be eligible.
- The 42-54 age group has exceeded Milliman's enrollment projections 8.5 months into the program, and is still seeing more than 10% enrollment growth month over month.

| Group | SFY23 Estimates | | February 2023 Active Cases | SFY24 Estimates | | Difference Updated SFY24 Estimate v. SFY23 Estimate | | |
|------------|-----------------|-----------|-------------------------------|-----------------|-----------|---|-----------|--|
| | Eligibles | Enrollees | Enrollees | Eligibles | Enrollees | Eligibles | Enrollees | |
| HBIS 65+ | 10,000 | 6,700 | 14,414 | 41,200 | 21,000 | 31,200 | 14,300 | |
| HBIA 55-64 | 11,000 | 8,000 | 13,164 | 43,200 | 23,600 | 32,200 | 15,600 | |
| HBIA 42-54 | 32,700 | 18,800 | 24,336 | 77,700 | 53,900 | 45,000 | 35,100 | |
| | 53,700 | 33,500 | 51,914 | 162,100 | 98,500 | 108,400 | 65,000 | |



SFY23 vs. SFY24 Cost Estimates

- Actual claims experience reflects higher enrollee costs than the traditional Medicaid population due to more untreated chronic conditions and higher hospital costs.
- After two years, per enrollee costs for the 65+ group are stabilizing. Claims reflect higher prescription drug costs as chronic conditions become managed.

| | SFY23 | Claims Paid | SFY24 | SFY24 Estimate | |
|--------------------------|----------|---------------|-----------------|----------------|--|
| Program | Milliman | March 2022 - | Milliman | Increase over | |
| | Estimate | February 2023 | Estimate | SFY23 Estimate | |
| HBIS 65+ (in millions) | \$110.0 | \$187.50 | \$285.0 | \$175.0 | |
| HBIA 55-64 (in millions) | \$43.8 | \$118.9 | \$245.0 | \$201.2 | |
| HBIA 42-54 (in millions) | \$68.0 | \$104.3 | \$460.0 | \$392.0 | |
| | \$221.8 | \$410.7 | \$990.0 | \$768.2 | |



SFY24 Enrollment and Cost Estimates

| METRIC | 19-24 | 25-34 | 35-41 | 42-54 | 55-64 | 65+ | Total 19- 41 | Total 42+ | Total 19+ |
|---|--------|--------|--------|--------|--------|--------|-----------------|--------------|-----------|
| Estimated Eligibles | 26,400 | 40,200 | 46,900 | 77,700 | 43,200 | 41,200 | 113,500 | 162,100 | 275,600 |
| Estimated Enrollees | 9,400 | 17,700 | 21,000 | 53,900 | 23,600 | 21,000 | 48,100 | 98,500 | 146,600 |
| Required State Funding for medical only, no LTSS (millions) | \$ 35 | \$ 90 | \$ 155 | \$ 460 | \$ 245 | \$ 285 | \$ 280 | \$ 990 | \$ 1,270 |
| Required State Funding for HCBS (millions) | \$ 10 | \$ 19 | \$ 23 | \$ 59 | \$ 19 | \$ 82 | \$ 53 | \$ 160 | \$ 213 |
| Required State Funding medical + HCBS (millions) | \$ 45 | \$ 109 | \$ 178 | \$ 519 | \$ 264 | \$ 367 | \$ 333 | \$ 1,150 | \$ 1,483 |
| Required State Funding for LTC (millions) | \$ 0 | \$ 0 | \$ 10 | \$ 35 | \$ 40 | \$ 170 | \$ 10 | \$ 245 | \$ 255 |
| Required State Funding medical + HCBS + LTC (millions) | \$ 45 | \$ 109 | \$ 188 | \$ 554 | \$ 304 | \$ 537 | \$ 343 | \$ 1,395 | \$ 1,738 |



