UtahAccess+ offers sustainable health care to 95,000 Utah adults AND protects general taxpayers by asking the groups that financially benefit from expansion to pay 7 cents for every new dollar they'll receive in revenue.

UtahAccess+ expands healthcare coverage to Utah citizens and families earning up to 138% of the federal poverty level (FPL), currently $33,465 per year for a family of four. Most citizens in the expansion population will receive premium assistance and cost sharing to purchase private commercial health plans. Covered individuals who can share a small portion of the cost will be asked to do so, with higher income individuals paying higher costs. Medically frail individuals will receive traditional Medicaid benefits.

Health care providers would collect commercial reimbursement for non-medically frail expansion patients. To protect other important budget priorities like education, other social services, and public safety, provider groups that benefit from expansion would be asked not only to participate in the cost of expansion, but to share the risks of enrollment volatility and federal government uncertainty. Their assessments will go in a financial strongbox that can only be used to match federal Medicaid funds, and won't require legislative appropriation.

UtahAccess+ Smart Coverage

Consistency: Individuals whose employers offer affordable insurance will enroll in employer plans, but will get financial assistance to do so. Those without employer offered insurance plans will get help buying a commercial plan.

Responsibility: Newly insured individuals between 100% and 138% of FPL will share in the cost of insurance, but their premium contributions, deductibles, and copays will be limited to what they would pay for coverage on the federal exchange. Certain plans will not reimburse for non-emergent use of emergency rooms or for non-emergency transportation.

Nurture: Adults in the expansion population whose children qualify for Medicaid may enroll their children in the same health plan used by the parent, keeping families together.

Continuity: Transitions both to and from expansion would be seamless. During implementation, expansion individuals between 0% and 100% of FPL will be enrolled in traditional Medicaid. Those between 101% and 138% will enroll in or remain on the federal exchange at 100% federal match. Should expansion be discontinued, active participants would remain enrolled. At discontinuation, those below 100% of FPL who are not participating will receive a Medicaid alternative similar to the Primary Care Network.

Guardianship: Children who are currently eligible for Medicaid but are not currently enrolled – part of the so-called "woodwork effect" – will be paid for using general tax dollars. Medically frail citizens will receive Medicaid benefits at an enhanced match rate through Accountable Care Organizations (ACOs), where available. A pilot program will integrate behavioral and physical health care for the medically frail.

Who's Covered?

- 32,000 Adults above 100% FPL
- 63,000 Adults below 100% FPL
- 31,500 Woodwork Children and Adults

UtahAccess+ Sound Fiscal Management

Sustainability: State government, financial beneficiaries in the health care industry, and some newly insured individuals would share the financial downsides of expansion. General Fund savings resulting from federal coverage of substance abuse and mental health services as well as certain inmate health care would be reinvested in expansion. The State would further pay for children newly enrolled in Medicaid due to the "woodwork" effect. The State and drug companies would implement a preferred drug list. Health care providers would pay an assessment. The newly insured would participate in premiums, deductible, and co-pays.

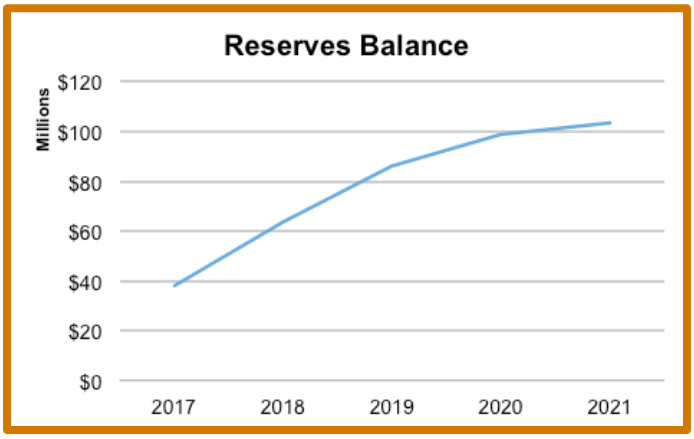
UtahAccess+ Cost Shares - FY 2017

Provider Group	Dollars in Millions	# of Providers	Est. Annual per Provider
Hospital	$16.1	63	$1,610 - $4.5m
Physician	$6.4	8,008	$797
Managed Care Org	$3.5	82	$2.00 - $1.4m
Prescription Drugs	$4.4	1,503	$7.00 - $510k
Preferred Drug List	$0.9	N/A	
Psychological	$2.3	5,168	$50.00 - $70k
Ambulatory Surgical	$0.4	46	$6.00 - $320k
Home Health Care	$0.4	1,001	$1.00 - $70k
Laboratory/X-Ray	$0.2	160	$3.00 - $180k
Emergency Ambulance	$0.2	80	$50 - $34k
Therapist (Rehab)	$0.1	4,731	$31
Podiatric	$0.1	160	$593
Optometric/Optician	$0.1	360	$244
Chiropractic	$0.1	806	$97
Nursing Facilitiy	$0.1	100	$2.00 - $1,607
Nursing	$0.05	31,801	$1.49
Subtotal, Assessments	$35.3		
State - Woodwork Children	$17.5		
State - JRI Savings	$1.7		
Total	$54.5		

Equity: Every provider class that benefits from expansion will help pay for it. Amounts collected from each provider class will be proportional to the new revenue generated by expansion for that class. Rates will be adjusted each year to true-up collections given the prior year's experience. Via the true-up, the Medicaid Inspector General will assure providers do not pass-on assessments to customers.

Efficiency: For most provider classes, collections will be made via an existing government transaction – like at the time of licensure, inspection, or taxation.

Accountability: General Fund savings and assessment proceeds will be deposited into a financial strongbox for use exclusively on Medicaid expansion. Use of the account to draw down federal Medicaid dollars would not require legislative appropriation.



Certainty: Assessments would begin in fiscal year 2017, allowing the strongbox to accumulate a cash balance during the period in which federal subsidies cover a portion of the State's cost. Headroom under assessment caps would allow for unforeseen enrollment of up to three times current projections. Caps will grow as Medicaid grows.