

"Access"- A Utah Plan For Extending Health Care Coverage February 13, 2014

Overview: "Access" is a state based program that will start in January 2015 and continue until January 2017, by which time the state will apply for a Section 1332 Medicaid waiver. The cost of the state based program would be covered by one-time funding for two years.

Target population: The plan will prioritize coverage for individuals who are below 100% of the federal poverty level (FPL), not eligible for traditional Medicaid, and medically frail or the parents of a child. If funding permits, individuals below the poverty level, not covered by Medicaid, and not medically frail or a parent of a child may be eligible for coverage. Individuals over 100% of FPL will receive premium tax credits.

Benefits:

(1) Utah will uncap enrollment in the Utah Premium Partnership Program and offer limited premium subsidies to an individual who is in the target population and has employer sponsored coverage. Utah's existing Premium Partnership Program waiver offers a 70/30 match.

(2) An individual in the target population who does not have employer sponsored coverage will be offered a defined contribution that may be used to:

- enroll in a health plan; or
- obtain health care services through a flexible spending account that is tied to an integrated primary care/medical home model that could be administered similar to the Primary Care Network waiver.

Delivery Model:

(1) **Purchase of an insurance plan.** The target population could enroll in commercial policies available in the market that integrate physical and behavioral health services.

(2) **State flexible spending accounts (FSA).** If an individual does not enroll in a health plan, the individual would use a state FSA to purchase health care services in an integrated primary care/medical home model. The Department of Health would establish minimum standards for an entity to be certified as a medical home. The department could include a requirement that behavioral health and physical health services be integrated in a medical home model, and a requirement that the medical home monitor quality, cost, and access for behavioral and physical health services. Any entity that meets certification standards and applies with the department to be a medical home can be certified as a medical home, including community health centers. Enrollees who use a flexible spending account would need to obtain services through a certified medical home, except in cases of emergencies or urgent care needs. The Legislature could establish a grant program to assist health care entities with developing integrated primary care/medical home models. The state could determine the scope of benefits offered in this delivery system. If this model functions under the existing Primary Care Network model, it might be eligible to continue its federal match rate.

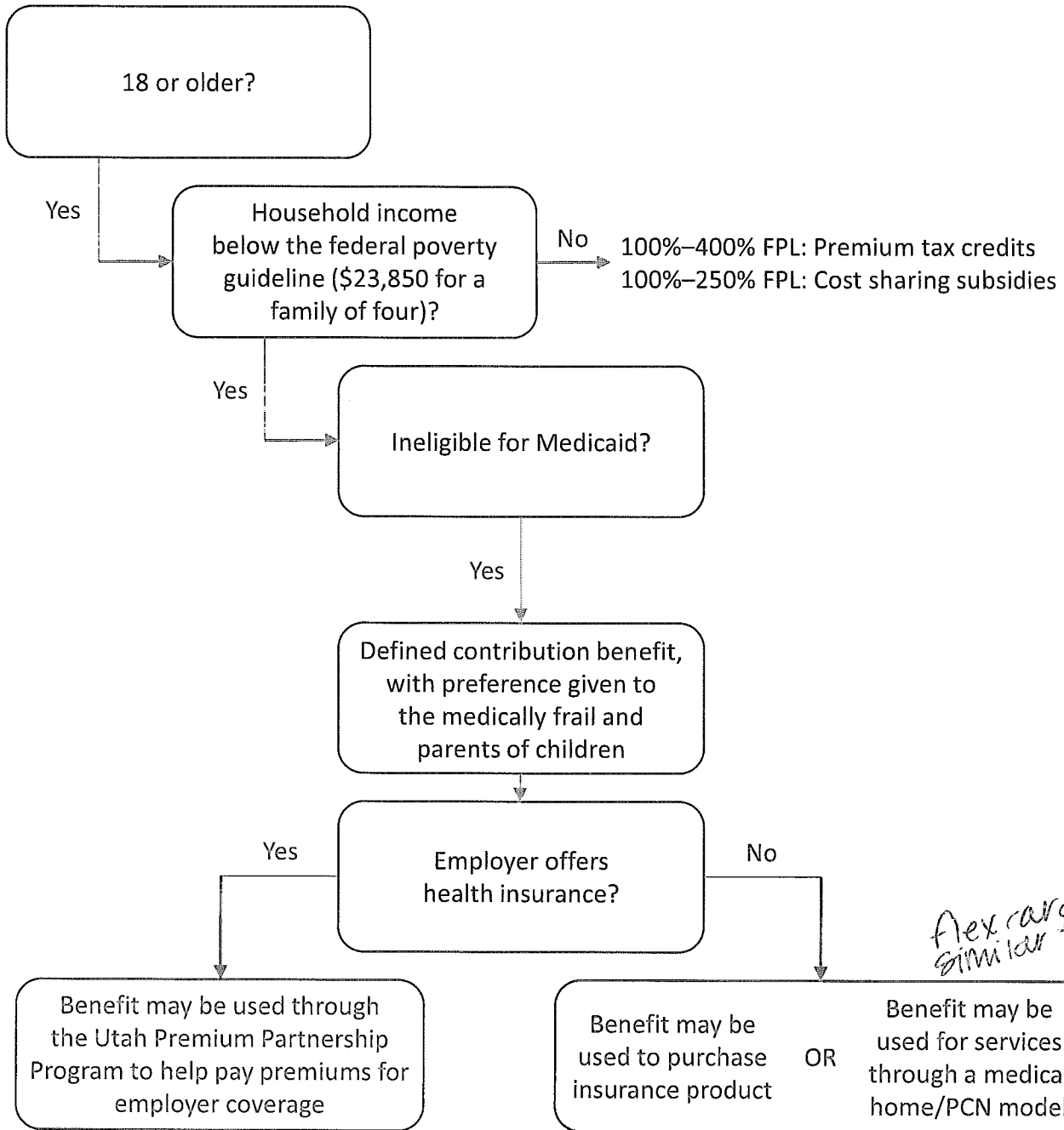
Note: The state's Utah Premium Partnership Program and the Primary Care Network waiver was obtained under the Bush Administration and is unique to Utah. No other state has the PCN component of the waiver. The waiver is scheduled to end January 1, 2015. Utah would need to obtain an extension of the waivers, with modifications for the new program, to continue the existing federal match. Otherwise, the premium subsidies for employer coverage and for the individual coverage is all state dollars.

*Benefits
Premium
vs
PCN*

ACCESS

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02/13/14



flex card similar to PCN 4Rs ER only if "life threat" only

add vision & care component.