

## Partial Expansion – Behavioral Healthcare Coverage and Premium Subsidies

Program Features	Pros	Cons	Source of Payment	Plan for People without Coverage
<ol style="list-style-type: none"> <li>1. Expands coverage for all up to 100% of FPL.</li> <li>2. Defines the population receiving coverage based on condition and medical diagnosis</li> <li>2. Provides benefits tailored to meet behavioral healthcare treatment needs and basic/lifesaving medical coverage.</li> <li>3. Provides access to health insurance for persons earning from 100% to 138% of the FPL through Health Insurance Exchanges.</li> <li>4. Provides premium subsidy assistance to ensure access to insurance coverage in private market.</li> <li>5. Provides sub-acute care coverage through exchange for persons between 100% and 138% of FPL who need behavioral healthcare services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Covers most needy population.</li> <li>2. Provides coverage for the population that leads to additional societal costs.</li> <li>3. Provides basic medical coverage for this population also.</li> <li>4. Provides access to coverage by assisting persons without behavioral healthcare treatment needs through premium assistance.</li> <li>5. Ensures creation of lower cost sub-acute care model for persons who would benefit from this care.</li> <li>6. Requires integration of care by physical health and behavioral health providers to triage and define appropriate response to meet needs.</li> <li>7. Maintains strength of private market through premium subsidy process.</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintains focus on categorical eligibility rather than income level favored by ACA.</li> <li>2. Does not look like any other system the CMS has approved or given initial approval to so approval may be more difficult.</li> <li>3. Places burden on Utah to define a subsidy system for private market.</li> <li>4. Likely to lead to continuing uncompensated care burden on hospitals as persons do not buy appropriate coverage in the private market.</li> </ol>	<ol style="list-style-type: none"> <li>1. Medicaid</li> <li>2. State Match dollars</li> <li>3. County match dollars</li> <li>4. To be determined</li> </ol>	<ol style="list-style-type: none"> <li>1. All could be covered.</li> <li>2. Medicaid coverage would be available for all people up to 100% of FPL and to all who have a diagnosis which establishes the need for behavioral healthcare treatment.</li> <li>3. Persons who would not be covered are those who chose not to buy insurance coverage even with subsidy.</li> <li>4. State would rely on Federal plan to impose “tax” on those who did not buy insurance.</li> <li>5. EMTALA requirements would remain in place and uncompensated care would cover some of these individuals.</li> </ol>

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