

Closing Utah's Coverage Gap: Comparison of 4 Utah Proposals

Bill # (Sponsor):	Full Medicaid Expansion	HB401 (Rep. J. Dunnigan) <i>Speaker Lockhart's Access Plan</i>	SB251 (Sen. B. Shiozawa) <i>Partial Expansion / Private Option</i>	Gov. Gary R. Herbert <i>Healthy Utah Plan</i>
Overview:	Provides basic coverage to those who're currently not eligible. Newly eligible would receive traditional Medicaid health insurance.	Provides capped health savings account (HSA) stipend to subsidize private insurance; enrolls some recipients in PCN or UPP	Covers Utahns earning up to 100% poverty using mix of traditional Medicaid & private insurance; seeks federal/state match of 90%/10%	Three year plan that closes the coverage gap by subsidizing private insurance to all Utahns who earn under \$15,500 a year (133% FPL)
Covered Lives (2020):	111,000	Unknown / Capped enrollment	54,000	111,000
Closes the Gap:	Yes	No	Yes	Yes
Full Insurance:	Yes	PCN: No / UPP: Perhaps	Yes	Yes
State Cost '15:	\$0	\$30 - \$35M annually	\$0	\$0
State Cost '20:	Net cost will be \$25-\$35M annually	N/A (pilot program only)	\$18.7M	N/A (3-year pilot program)
Fed. Funds '15:	\$258M	\$0 (HSA option) \$41.8 million (PCN/UPP model)	More than \$50M	\$258M
Benefit Description:	Adults in expansion population would receive the same Medicaid coverage that is available to aged, blind, and disabled individuals today. DWS would continue to do determination of eligibility.	HSA: \$500 (approx.) premium subsidy for some recipients PCN: premium subsidy for basic primary & preventive care (no hospitalization or specialty care); 4 prescription drugs/mo. UPP: \$150/monthly subsidy for employer-based insurance	Uses Medicaid dollars to subsidize health care coverage through: <ul style="list-style-type: none"> • Employer-sponsored insurance • Private insurance • Medicaid ACOs Promotes personal responsibility, cost sharing, & wellness programs	Subsidizes insurance premiums for: <ul style="list-style-type: none"> • Employer-sponsored Ins. • Private insurance Medically frail would receive coverage through: <ul style="list-style-type: none"> • Traditional Medicaid • Medicaid ACOs • Medicaid fee-for-service • Option to enroll in private insurance
Limitations:	Significant political opposition to a traditional Medicaid expansion as originally envisioned in the Affordable Care Act (ACA)	HSA: Likely stipend will cover 25% of average premium cost; PCN: Not insurance; no behavioral health component; counselors connected 34% of requests for specialty care (FY2011); UPP: Underutilized; covers 176 lives after 6 years of operation	More expensive to state than 0-138% Full Expansion model; Does not return as many federal tax dollars as Full Expansion model; Note: The federal government has indicated that partial expansion proposals like this <i>plan would not be approved</i> for the enhanced 90%/10% match rate	Limited cost sharing for individuals earning between 100-133% FPL; Work requirements for some individuals; Wrap around benefits for children moving from Medicaid to parent's private insurance