

Work Plan Options

FINANCIAL MODEL

	Program Features to Include	Pros	Cons	Source of Payment to Cover Cost to State	Plan for People Without Access to Affordable Coverage
1. Full Adult Expansion					
2. Partial Adult Expansion					
3. Block Grant/Compact					
4. Tax Recovery & Section 1332 Waiver Options					
5. State Self-Reliance & Charity Care					

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Financial Models

- **Full Adult Expansion** – Add coverage for adults up to *138% FPL*. CMS pays the enhanced match rate for the newly eligible and the existing match rate for those currently eligible. Adults from *138%-400% FPL* may apply for premium tax credits through the individual exchange or get covered at work.
- **Partial Adult Expansion** - Utah's proposal covers some or all adults under *100% FPL*, perhaps based on categorical need. CMS pays the lower current match rate. Adults from *100%-400% FPL* may apply for premium tax credits through the individual exchange or get covered at work.
- **Block Grant/Compact** – CMS gives the State a lump sum equal to the total amount CMS would have spent on Utah (with an expansion) for the State to use to help those in need in a program of our own design, subject to the terms and conditions of the block grant/compact agreement.
- **Tax Recovery & Section 1332 Waiver Options** – States can propose alternative ways of providing coverage to ACA populations as long as it (a) covers the same number of people (b) with the same level of coverage (c) at the same or lower cost. For example, Utah could ask CMS to implement a tax credit for Utah businesses or citizens equal in total to the amount the federal government would have spent on the Medicaid expansion.
- **State Self-Reliance & Charity Care** – Reduce or eliminate reliance on federal funding for health care. The state works with and encourages private entities to create mechanisms for helping those in need.

Program Features

- **One Family/One Card** – Enroll families together on a single policy that they can keep as their income fluctuates
- **Eliminate Program Overlap** – Eliminate state programs for people that have access to another affordability program
- **Take Full Advantage of the Exchange** – Maximize the number of people getting needed assistance through the Exchange
- **Premium Assistance** – Use public funds to enroll people in private insurance instead of putting people on government-run programs
- **Wrap-Around** – Provide some services directly through public programs as a supplement to other forms of available coverage
- **Health Opportunity Accounts** – Encourage people to respond more to costs by allowing them to control some benefit dollars
- **Limited Benefit Programs** – Provide only priority services in order to reduce costs
- **Managed Care/ACO Enrollment** – Use financial incentives and competition to provide quality care at a lower cost
- **Those Who Benefit Should Pay** (e.g., provider taxes) – Provide a source of revenue to offset cost increases to the state from expansions
- **Private Safety Net/Charity Care** – Create/expand private options for caring for those that need a safety net
- **Cost Controls (Oregon Model)** – Protect the state budget through developing a list of prioritized services
- **Circuit Breakers** – Protect the state budget through the implementation of automatic cost control features that kick in if federal participation changes