

# 2012 Health System Reform Working Groups

## I. **Insurance Market Issues**

Legislative Participants: Representative Jim Dunnigan, Representative Francis Gibson, and Senator Peter Knudson.

Executive Branch Participants: Utah Insurance Department, Public Employees Health Insurance Program, Medicaid, Department of Health, and Workforce Services (for duty #3).

Public Participants: Stakeholders, health care providers, health insurance producers, health insurers.

Duties:

1. Make a recommendation to the Health System Reform Task Force regarding the essential health benefit package.
2. Make a recommendation to the task force concerning the regulation and licensing requirements for navigators who assist individuals using the exchange and potential users of the exchange.
3. When the actuarial analysis for a state Basic Health Program is completed by the Department of Health in compliance with Section 26-18-2.5, consider the analysis and make a recommendation to the task force concerning whether the state should implement a Basic Health Program.

## II. **A. Reinsurance Program for High-risk Enrollees–Integration with Exchange Market**

Legislative Participants: Representative Todd Kiser, Senator Gene Davis, and Representative Brian Doughty.

Executive Branch Participants: Utah Insurance Department and Tomi Ossana, director of Utah's state high risk pool and state administrator of the federal high risk pool.

Public Participants: Health insurers, representatives from small businesses, and interested stakeholders.

Duties: Make a recommendation to the Task Force regarding:

1. Whether the state should use the federal re-insurance model under the Affordable Care Act for high-risk individuals, or develop a state-based (but federally approved) reinsurance model for high-risk individuals.
2. Whether the state's current high risk pool should administer the re-insurance program.
3. Methods to protect the individual and small group market from rising premiums related to high risk individuals.

## **B. Risk Adjustment Methodology**

Executive Branch Participants: Utah Insurance Department, Utah Health Insurance Exchange Risk Adjuster Board, and Office of Consumer Health Services (GOED).

Public Participants: Health insurer actuaries, other public stakeholders.

Duties: Evaluate and make a recommendation to the task force concerning whether Utah should create a state-based (but federally approved) risk adjustment methodology or use the federally developed risk adjustment methodology. (Note: use of a state methodology requires the state to operate the two exchanges required by the ACA.)

## **III. Medicaid Behavioral and Mental Health Delivery and Payment Reform**

Legislative participants: Rep. Dean Sanpei, Representative Ronda Rudd Menlove, and Senator Allen Christensen.

Executive Branch Participants: Utah Division of Substance Abuse and Mental Health and State Medicaid.

Public Participants: Interested stakeholders, local government, and county and community providers.

Duties:

1. Study the following issues from HB 144:

"(n) Medicaid behavioral and mental health delivery and payment reform models, including:

- (i) identifying and eliminating barriers to the delivery of effective mental, behavioral, and physical health care delivery systems;
- (ii) the costs and financing of mental and behavioral health care, including current cost drivers, cost shifting, cost containment measures, and the roles of local government programs, state government programs, and federal government programs; and
- (iii) innovative service delivery models that facilitate access to quality, cost effective and coordinated mental, behavioral, and physical health care."

2. HB 98 Continuous Eligibility for Medicaid.

3. Report recommendations to the Health System Reform Task Force.

## **IV. Utah Health Care Compact**

Legislative Participants: Senator Stuart Adams, Representative Merlyn Newbold, Representative Brad Daw, and Representative Rebecca Chavez-Houck.

Executive Branch Participants: Medicaid, Workforce Services, Human Services, and Norm Thurston, Governor's Health Care Policy Advisor.

Public Participants: Interested stakeholders.

Duties: Study the following issues from S.B. 208 and make recommendations to the task force:

" (10)(b)(ii)

(C) whether the compact's current funding formula, based on adjusted 2010 state

expenditures, is the best formula for Utah and other state compact members to use for establishing the block grants from the federal government;

(D) whether the compact's calculation of current year inflation adjustment factor, without consideration of the regional medical inflation rate in the current year, is adequate to protect the state from increased costs associated with administering a state based Medicaid and a state based Medicare program;

(E) whether the state has the flexibility it needs under the compact to implement and fund state based initiatives, or whether the compact requires uniformity across member states that does not benefit Utah;

(F) whether the state has the option under the compact to refuse to take over the federal Medicare program;

(G) whether a state based Medicare program would provide better benefits to the elderly and disabled citizens of the state than a federally run Medicare program;

(H) whether the state has the infrastructure necessary to implement and administer a better state based Medicare program;

(I) whether the compact appropriately delegates policy decisions between the legislative and executive branches of government regarding the development and implementation of the compact with other states and the federal government; and

(J) the impact on public health activities, including communicable disease surveillance and epidemiology."