



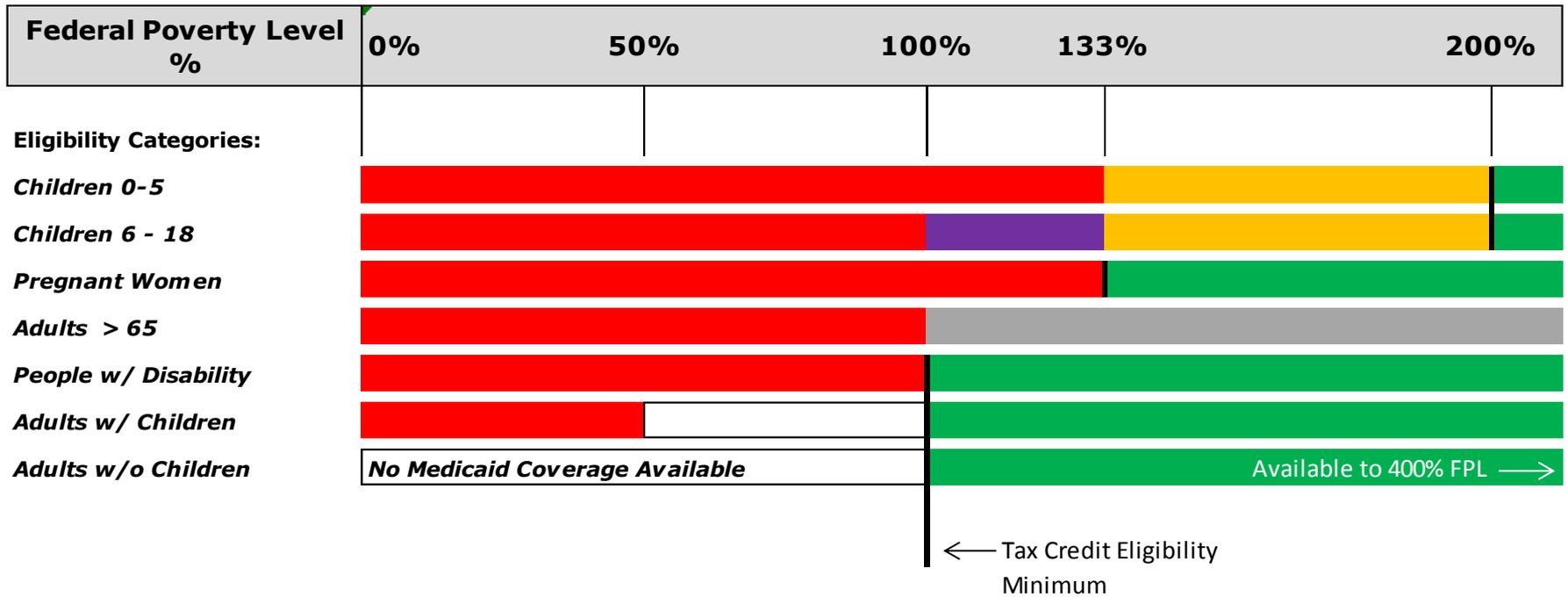
2013 Governor's Health Innovations Summit

Medicaid Expansion Options and State Innovation Models Reports

October 17, 2013

Mandatory Changes Only

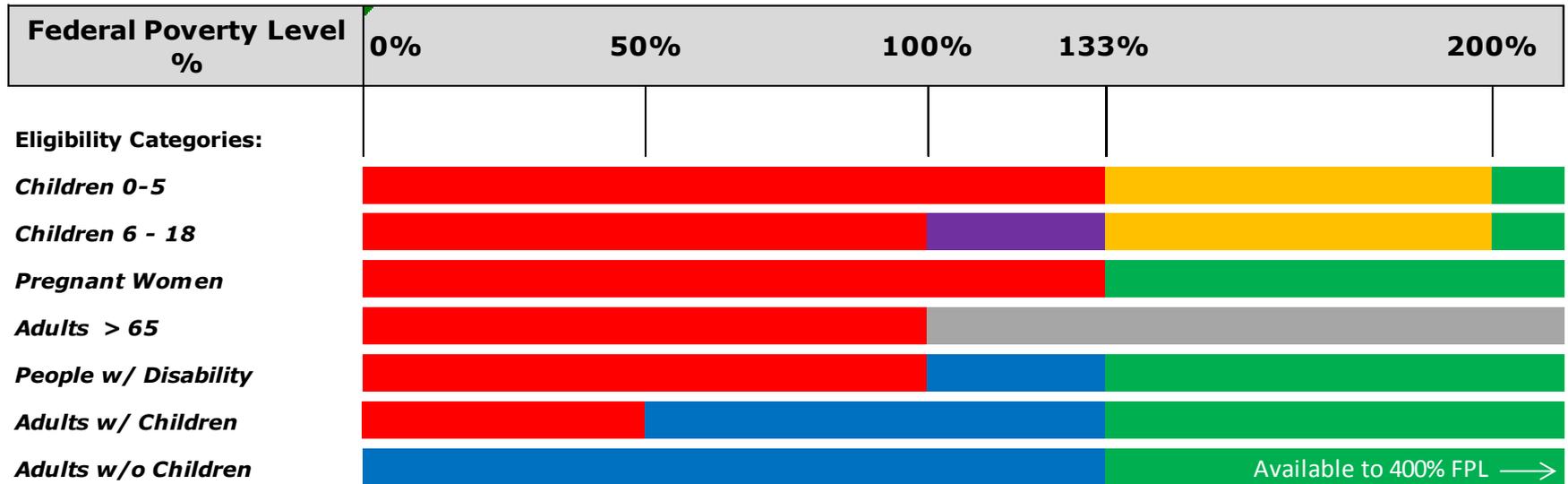
Income Limits for Medicaid, CHIP and Tax Credit Eligibility No Optional Medicaid Expansion



- = current Medicaid eligibility
- = current CHIP eligibility
- = mandatory ACA changes to Medicaid eligibility
- = eligible for Medicare
- = eligible for Tax Credits for use in the Exchange (up to 400% of FPL)

Optional Medicaid Expansion

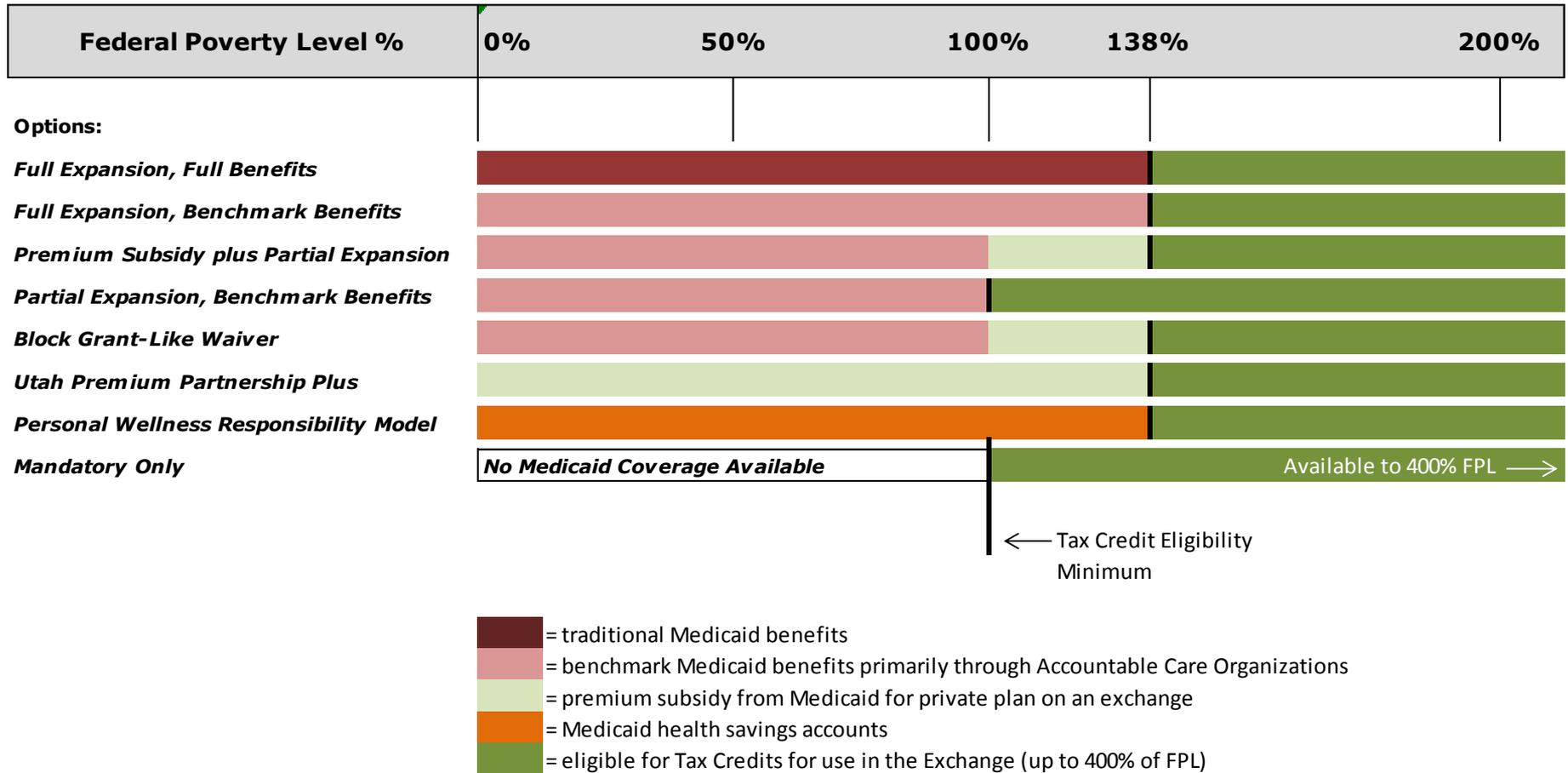
Income Limits for Medicaid, CHIP and Tax Credit Eligibility Optional Medicaid Expansion



- = current Medicaid eligibility
- = current CHIP eligibility
- = mandatory ACA changes to Medicaid eligibility
- = optional Medicaid ACA expansion eligibility
- = eligible for Medicare
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Medicaid Expansion Options

Medicaid Expansion Options
Adults with or without Dependent Children Ages 19-64



Medicaid Expansion Options

	Additional # of People Covered in 2020	State Costs in 2020/ Over 10 Years (in millions)	Waiver Requirement?	Federal/State Funding Ratio
Full Expansion – Full Benefits	111,000	\$40.8/ \$260.4	No	90/10
Full Expansion – Benchmark Benefits	111,000	\$33.4/ \$116	No	90/10
Partial Expansion – Premium Subsidy	111,000	\$40.8/ \$260.4	1115 Waiver Required	Possibly 90/10 (if approved)
Partial Expansion – Benchmark Benefits	54,000	\$39.2/ \$333.6	1115 Waiver Required	Possibly 90/10 (if approved), but likely 70/30
Block Grant-Like Waiver	111,000	\$33.4/ \$116	1115 Waiver Required	90/10 (if approved)
Utah Premium Partnership Plus	111,000	\$40.8/ \$260.4	1115 Waiver Required	90/10 (if approved)
Personal Wellness and Responsibility	Unknown	Unknown	1115 Waiver Required or 1332 Waiver in 2017	90/10 (if approved)
Health Care Safety Net	Unknown	Unknown	Unknown	Unknown
Mandatory Only	51,000	\$25.7/ \$220.6	No	70/30

State Innovation Models

- Health Information Technology
- Health Care Work Force
- Prevention and Wellness
- Payment Reform
- Health Care Quality and Safety

Aim 1

- Increase Utah stakeholder use of key HIT-enabled tools by 60% to support timely and accurate information for value-based delivery of care and payment reform by December 2016

Aim 2

- Increase Utah stakeholders capacities for privacy and security from the current baseline to 80% by December 2016

Aim

- To improve health care value (cost and quality) by increasing access to primary and behavioral health care in underserved areas

Prevention and Wellness



Aim

- By 2017, create community clinical linkages and healthful environments to improve access to prevention and chronic care services

Sub-Aim 1

- By 2017, increase the proportion of health systems and plans that engage community health workers (CHWs) to link patients to community resources that promote good health and self-management of chronic diseases

Sub-Aim 2

- By 2017, align all wellness efforts across public, private, and non-profit sectors within at least one community around a common agenda to improve community health, using shared data and mutual goals

Payment Reform

Aim 1

- Have 80 percent of Utah's covered lives involved in a value-based reimbursement plan within five year

Aim 2

- In order to clarify and respect patient wishes at the end of life and provide clear instructions regarding those wishes, increase the use of standardized forms to the following levels within a three year period:
 - 25 percent of Utah adults complete an Advance Healthcare Directive form
 - 50 percent of Utah patients diagnosed with serious or terminal illnesses have a Physician's Order for Life Sustaining Treatment on file

Aim

- Implement a statewide program using cross-institutional communication tools to improve patient safety and improve healthcare quality by decreasing measurable unintended hospital-based outcomes by three percent over the next three years