Dear Medicaid Options Community Work Group members,

Thank you for responding to the survey regarding preferences for sub-groups. Fortunately, by combining the two partial expansion subgroups into one group and combining the self-reliance/charity care subgroups into another group, we were able to accommodate everyone's first choice and create five subgroups that are similar in size.

You will find attached a list of subgroup assignments.

At our meeting on May 23rd, you will have a chance to meet with the assigned staff person for your subgroup who will help facilitate the process moving forward.

The staff assigned to assist the subgroups are:

Full Expansion - Sheila Walsh-McDonald
Partial Expansion (Income and Need) - Gail Rapp
Block Grant - Nate Checketts
Waiver - Norm Thurston
Self-Reliance and Charity Care - Dave Lewis

You will notice that we have a placeholder on the agenda to give you an update on the PCG report. We are working with PCG to see how soon they can finalize their report. We may be able to share some of the finalized sections at the meeting.

If you have any questions, please feel free to contact me, Nate Checketts, or Norman Thurston.

Sincerely,

W. David Patton, Ph.D.
Executive Director
Utah Department of Health

Instructions for Medicaid Options Sub-Groups

1. Each sub-group will work toward the common goal of providing Governor Herbert with a comprehensive set of workable options for ensuring that low-income adults without access to affordable coverage can get needed health care. The reports from each sub-group should include the following:

- A detailed description of the main features of your plan (see #2 below)
- Pros and Cons of each approach
- The total cost to the state (general fund) over the first ten years & the second ten years
- A source of payment to cover the cost to the state
- The impact of federal funds availability on your proposal (What happens if the promised federal funds are decreased or eliminated?)
- A description of the populations to be served and an estimate of the number of people
- A proposal for how needed care would be provided for low-income adults not included in your approach

2. As part of your deliberation you should consider whether the following program features fit into your plan, and if so please describe how. You are free to consider other features or design options as needed.

- 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

Sub-Group Work Plan Timeline

May 23, 2013	Sub-Groups meet for first time. Receive instructions on tasks and begin deliberations
May, June & July	Sub-Groups meet as need to consider options and craft their report
Mid-June	Meeting of the whole Work Group will be dedicated to receiving a presentation on costs & benefits
Late July	Sub-Groups present preliminary report to the whole Work Group and receive feedback and input
August	Sub-Groups meet as needed to make revisions and address concerns
Late August	Final report from each Sub-Group is presented to the whole Work Group
September	Options are presented to the Governor at the Annual Health Summit

Subgroup Membership

1. Full Expansion
   - Sen. Gene Davis
   - Rep. Rebecca Chavez-Houck
   - David Entwistle
   - Karen Crompton
   - Alan Pruhs
   - Matt Slonaker

2. Partial Expansion (based on income or other criteria)
   - Rod Betit
   - Kristy Chambers
   - Adam Trupp
   - Rep. Jim Dunnigan

3. Block Grant/Compact
   - Wes Smith
   - Michelle McOmber
   - Royce Van Tassell
   - Sen. Todd Weiler

4. Tax Recovery and/or 1332 Waiver
   - Greg Poulsen
   - Chad Westover
   - Michael Hales
   - Rep. Rhonda Menlove

5. State Self-Reliance & Charity Care

Note: This group will operate under the framework of the Legislative Health Reform Task Force.

   - Pamela Atkinson
   - Stan Rasmussen
   - Rep. Michael Kennedy
   - Sen. Allen Christensen
   - Other members as invited by the Task Force