

Utah's Medicaid Expansion

Implementation Toolkit



UTAH DEPARTMENT OF
HEALTH
MEDICAID

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Utah Medicaid Expansion Overview:

On February 11, 2019, Governor Herbert signed Senate Bill 96 (2019 Legislative Session) into law. This bill supersedes previous Medicaid Expansion efforts and replaces Proposition 3 (2018 General Election). The State is working closely with CMS as we submit the new 1115 Waiver proposals. We are hopeful that CMS will provide greater flexibility as Utah crafts its own Medicaid expansion solutions. For more details about the State's expansion plans, please see the At A Glance chart on the next page.

This new law expands Medicaid to parents and adults without dependent children earning up to 100% federal poverty level (approximately \$12,490 annual income for an individual). Approximately 70,000 – 90,000 Utah residents will become newly eligible for Medicaid. Approximately 40,000 individuals from 101-138% FPL will continue to receive services through the federal Marketplace.

Beginning April 1, 2019, individuals may submit their applications to the Department of Workforce Services (DWS) to enroll in Medicaid Expansion. Submitting an application for benefits does not guarantee coverage.

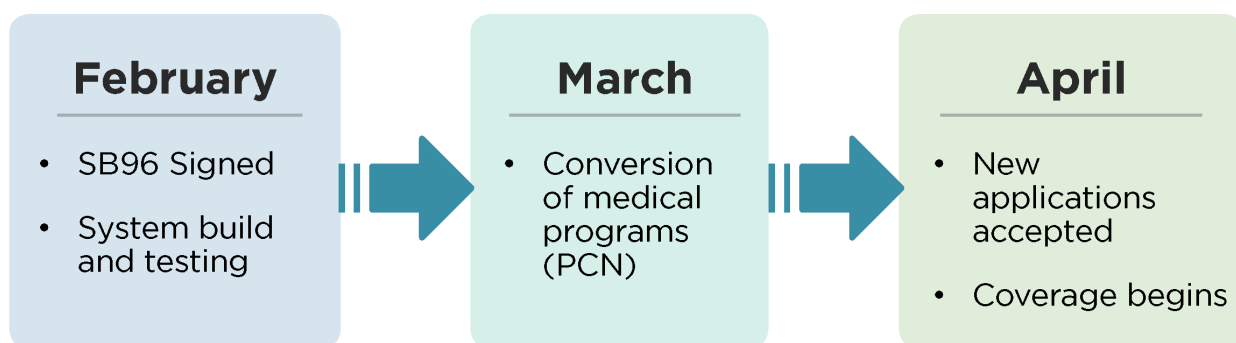
This spring, the State will also submit a new 1115 Waiver to CMS called the Per Capita Cap Plan. This plan will replace the plan implemented on April 1, 2019 and will be effective upon CMS approval. The Per Capita Plan covers adults up to 100% FPL and requests the following provisions: self-sufficiency requirement, enrollment cap, up to 12-month continuous eligibility, employer-sponsored insurance enrollment, lock-out for program violation provision, and a per capita cap. This plan will also request 90% federal/10% state funding.

Through these waivers, many new individuals will now be eligible for Medicaid coverage in Utah. This toolkit is intended to help you, as you help us spread the word!

Implementation Timeline:

- In March 2019, Workforce Services is dedicating staff resources to convert existing medical customers, specifically the 17,500 Primary Care Network (PCN) customers, to the expanded Medicaid program so they can receive the broader benefits available under Medicaid expansion.
 - Current medical customers do not need to apply for expanded Medicaid and will be automatically covered starting April 1, 2019.
- Starting April 1, 2019, Workforce Services will be ready to accept new applications for expanded Medicaid, ensuring individuals receive a timely determination of qualifying benefits.

Expanded Medicaid Implementation Timeline



Medicaid Expansion: At A Glance

This chart outlines the provisions of Senate Bill 96 (2019 General Session). The Bridge Plan will take effect on April 1, 2019 and will remain in place until one of the other three options is approved by CMS. If the Per Capita Cap Plan does not receive federal approval by January 1, 2020, the Fallback Plan will be requested by March 15, 2020. If no waiver approval is received by July 1, 2020, then the State will implement the Full Expansion Plan.

Expansion Plan Provisions	Bridge	Per Capita Cap	Fallback	Full Expansion
Timeline	Effective April 1, 2019	Upon CMS Approval (Submit Waiver to CMS Spring 2019)	Upon CMS Approval (Submit Waiver to CMS by March 15, 2020)	July 1, 2020 (if needed)
Federal Poverty Level	100%	100%	138%	138%
Authority	Waiver	Waiver	Waiver	State Plan
Presumptive Eligibility (PE)	Yes	No Hospital PE	No Hospital PE	Yes
Self-Sufficiency Requirement (Work Requirement)	Yes (effective 1/1/20)	Yes	Yes	No
Authority to Cap Expansion Enrollment	Yes	Yes	Yes	No
Lock-out for Program Requirements/Violations	No	Yes	Yes	No
Require Enrollment in Employer's Plan with Premium Reimbursement	Yes (effective 1/1/20)	Yes	Yes	No
Up to 12-month Continuous Eligibility	No	Yes	No	No
Use Federal Funds for Housing Supports	No	Yes	No	No
Use of Federal Funds Limited by Per Capita Cap	No	Yes	No	No
Benefit Plan for Adults Without Dependent Children	Traditional Medicaid	Traditional Medicaid	Traditional Medicaid	ABP Traditional
Benefit Plan for Parents	Non-Traditional Medicaid	Non-Traditional Medicaid	Non-Traditional Medicaid	ABP Traditional
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	No	No	No	Yes
Dental Benefits	Emergency Only	Emergency Only	Emergency Only	Emergency Only
Funding (% federal/% state)	70/30	90/10	90/10	90/10
Counties Provide Match for Behavioral Health	No	No	No	No
Delivery System	Before 1/1/20: Generally Fee for Service After 1/1/20: Managed Care - Except Rural Counties	Before 1/1/20: Generally Fee for Service After 1/1/20: Managed Care - Except Rural Counties	Managed Care (except Rural Counties)	Managed Care (except Rural Counties)

Medicaid Expansion: FAQs

What is the plan for Medicaid Expansion in Utah?

On February 11, 2019, Governor Herbert signed Senate Bill 96 (2019 Legislative Session) into law. This bill supersedes previous Medicaid Expansion efforts and replaces Proposition 3 (2018 General Election). Senate Bill 96 outlines a plan for expanding Medicaid to Utah adults in the following way:

- **Bridge Plan** – Effective April 1, 2019, expands Medicaid coverage to adults up to 100% of the federal poverty level (FPL) through an 1115 waiver request. This plan is based on a waiver request submitted in June 2018. This plan will be funded with approximately 70% federal funds and 30% state funds. This plan will be effective until one of the following plans is approved by the Centers for Medicare and Medicaid Services (CMS).
- **Per Capita Cap Plan** – In the spring of 2019, the State will submit an 1115 waiver request for the Per Capita Cap Plan. If approved by CMS, the plan will replace the Bridge Plan. The plan expands Medicaid coverage to adults up to 100% FPL and will request the following provisions: self-sufficiency requirement, authority to cap expansion enrollment, up to 12-month continuous eligibility, require enrollment in employer's plan with premium reimbursement, lock-out for intentional program violation, use federal funds for housing supports, and use of federal funds limited by per capita cap. This plan will request 90% federal/10% state funding.
- **Fallback Plan** – If CMS does not approve the Per Capita Cap Plan by January 1, 2020, then the State will submit another 1115 waiver request to CMS. This Fallback Plan would replace the Bridge Plan and would expand enrollment for adults up to 138% FPL at 90/10 funding. The plan would also include a self-sufficiency requirement, require enrollment in employer's plan with premium reimbursement, and lock-out provision for intentional program violations.
- **Full Expansion Plan** – If the Fallback Plan is not approved by July 1, 2020, then a full Medicaid Expansion under the Affordable Care Act would be implemented. The Full Expansion Plan would replace the Bridge Plan and would expand coverage up to 138% FPL at 90/10 funding. The Full Expansion Plan would not include other provisions, such as a self-sufficiency requirement, as did the previous plans.

Medicaid Expansion: FAQs

Who is eligible?

Adults may be eligible if they meet the following criteria:

- Utah resident
- Age 19 through 64
- U.S. citizen or legal resident
- Meet income requirements, which vary by plan and family size
 - *Under the Bridge and Per Capita Cap Plans - Adults who earn up to 100% FPL (approximately \$12,492 for an individual or \$25,752 for a family of four)
 - *Under the Fall Back and Full Expansion Plans - Adults who earn up to 138% FPL (approximately \$16,753 for an individual or \$34,638 for a family of four)

When can eligible adults begin applying for coverage?

Individuals can begin submitting applications on April 1, 2019.

Workforce Services is dedicating staff resources in March to convert existing medical customers, specifically PCN customers, to the expanded Medicaid. Receiving applications prior to the medical program conversion being complete jeopardizes the ability for the Department of Workforce Services (DWS) to complete the conversion process in a timely manner.

Where can individuals apply?

Individuals may apply in person, by mail, or online. When an application is received, DWS will contact the applicant by mail or phone. DWS may need more information to determine eligibility and ask the applicant for necessary proofs, like paycheck stubs. Visit the Medicaid website for more information: <https://medicaid.utah.gov/apply-medicaid>

Medicaid Expansion: FAQs

What are the benefits?

Adults without dependent children will be eligible for Traditional Medicaid. Parents will be eligible for Non-Traditional Medicaid. Both programs will cover doctor visits, prescriptions, hospital care, ambulance, behavioral health services and more. Dental care is not a covered benefit, except for emergency dental care.

When will coverage start?

Coverage begins on the first of the month that an application is submitted. For example, if an individual applies during the month of April and is approved, their coverage will begin April 1.

If approved, where will an individual receive services?

From April to December 2019, services will be provided through any provider directly enrolled with Medicaid. Individuals will be able to contact Department staff if they need help finding a provider by calling 1-866-608-9422.

On January 1, 2020, the Department anticipates enrolling most individuals with managed care plans that will have networked providers to deliver services.

How many Utahns will be covered?

Under the Bridge and Per Capita Cap Plans, it is estimated that 70,000-90,000 adults will enroll in Medicaid. Approximately 40,000 individuals from 101-138% FPL will continue to receive services through the federal Marketplace.

Under the Bridge and Per Capita Cap Plans, it is estimated that 130,000-150,000 adults will enroll in Medicaid.

Marketing Material

Flyer available for download online: medicaid.utah.gov/expansion

COMING SOON

New Health Coverage for Adults

Beginning April 1, 2019, more adults living in Utah will have access to Medicaid

Who is Eligible?

- ▶ Utah Residents
- ▶ Age 19 through 64
- ▶ U.S. citizen or legal resident
- ▶ Meet income requirements, which vary by household size

Family Size	Yearly	Monthly
1	\$12,492	\$1,041
2	\$16,920	\$1,410
3	\$21,336	\$1,778
4	\$25,752	\$2,146
5	\$30,180	\$2,515
6	\$34,596	\$2,883
7	\$39,012	\$3,251
8	\$43,440	\$3,620

What Services are Covered?

- ▶ Doctor, hospital, and emergency services
- ▶ Prescriptions
- ▶ Laboratory and x-rays
- ▶ Behavioral health services including addiction and recovery treatment services
- ▶ Family planning services
- ▶ Maternity care
- ▶ Home health services
- ▶ Preventive and wellness services
- ▶ Chronic disease management services
- ▶ And more!

How to Apply?

Starting April 1, 2019, you may apply online: medicaid.utah.gov
You may also apply in person at a Department of Workforce Services office or by mail.
Call 1-866-435-7414 for an application or with questions.



Marketing Material

Poster available for download online: medicaid.utah.gov/expansion



COMING SOON!

New Health Coverage for Adults

Starting April 1, 2019, more adults living in Utah will have access to Medicaid. Medicaid is quality, low-cost health coverage for individuals who qualify.

Medicaid covers hospital stays, doctor visits, preventive care, prescriptions and much more.

If you applied for Medicaid in the past but were denied, you may soon be eligible.

For more information or to apply, visit medicaid.utah.gov
Call **1-866-435-7414** for an application or with questions.



Contact Us:

Questions about Utah's Medicaid Expansion?

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