Representative Jim Dunnigan
Majority Leader, Utah House of Representatives
Co-chair of the Utah Legislature’s Health Reform Task Force
May 10, 2016

2016 Legislative Wrap-up
A Presentation to the Utah Association of Health Underwriters
MEDICAID EXPANSION
## Medicaid Expansion Coverage and Funding for 0 – 138% FPL
### Fiscal Year 2021 (in millions $)

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Including Federal Health Insurance Exchange</th>
<th>Exchange Portion Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coverage</strong></td>
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Fiscal Year 2021 (in millions $)

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<td>HB 437</td>
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+ 8.4 = $363 per covered Utahn
+ 13.6 = $722 per covered Utahn
+ 15 = $490 per covered Utahn
+ 0 = $596 per covered Utahn

2016 Session Wrap-up
Representative Jim Dunnigan
May 10, 2016
Waiver

- Requires the Department of Health to apply for waivers from federal law necessary to implement a health coverage improvement program within Medicaid
- Waiver application due by July 1, 2016
- Implementation is dependent upon approval of the waiver
Eligibility

• Adults – with children – below an income threshold
• Adults – without children – below an income threshold, in this priority order:
  1. Chronically homeless
  2. On probation, parole, or court-ordered treatment and in need of substance misuse or mental health treatment
  3. Others in need of substance misuse or mental health treatment
• Income thresholds are adjusted annually to meet available program funding
• 12-month continuous eligibility (monthly certification not required)
Delivery Model

- Medicaid accountable care organizations, where available
- Fee-for-service elsewhere
- Integrated physical and behavioral healthcare services in select geographic areas that choose to implement an integrated model
- Substance misuse treatment permitted in a 24-hour, non-institutional facility with no bed capacity limit, as approved by CMS
Funding

• Starts only if waiver approved
• Hospital assessment applies to:
  • Private hospitals
  • State teaching hospitals
  • Non-state government hospitals

• Hospital share:
  • 45% of state’s net cost of program, up to $13.6 million annually
  • +33% of the state’s share of the cost of any expansion of the program

• Medicaid preferred drug list expanded to include additional mental health drugs, with a “dispense as written” option allowed
Reimbursement

• Reimbursement to hospitals is increased with supplemental payments to hospitals, up to the amount of the “upper payment limit gap,” which is the difference between the private hospital upper payment limit and private hospital Medicaid outpatient payments, as determined in accordance with CMS regulations.
HB 36    Insurance Revisions (Dunnigan)
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HB 421  Insurance Changes  (Dunnigan)
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HB 421  Insurance Changes  (Dunnigan)

HB 282  State Contractor Employee Health Coverage Amendments  (Dunnigan)
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HB 81   Government Employees Insurance Offerings Amendments  (Kennedy)
HB 36  Insurance Revisions (Dunnigan)

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HB 282  State Contractor Employee Health Coverage Amendments (Dunnigan)

HB 81  Government Employees Insurance Offerings Amendments (Kennedy)

HB 424  Coordination of Health Insurance Benefit Amendments (Thurston)
SB 138  Health Insurance Coverage for Emergency Care (Mayne)
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HB 295  Obesity Report (Hutchings)
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HB 295  Obesity Report (Hutchings)

SB 39  Medicaid Coverage for Adult Dental Services (Uquhart)
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SB 154  Medicaid Accountable Care Organizations (Adams)
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HB 174  Health Insurance – Athletic Trainer Services (Sanpei)
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HB 174  Health Insurance – Athletic Trainer Services (Sanpei)

HB 231  Hospital Lien Law Amendments (McKell)
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HB 231  Hospital Lien Law Amendments  (McKell)

HB 264  End of Life Options Act  (Chavez-Houck)
HB 304  Online Prescribing and Dispensing of Medical Devices  (Peterson)
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HB 302  Utah Medicaid Amendments  (Ward)
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HJR 19  Joint Resolution for Medicaid Expansion Opinion Question (Chavez-Houck)
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HJR 19  Joint Resolution for Medicaid Expansion Opinion Question  (Chavez-Houck)

SB 167  Dental Managed Care Amendments  (Christensen)
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Medicaid Managed Care for Dental

- Contract directly with providers rather than with MCO to reduce administrative cost?
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- Follow up on legislation to reduce in appropriate service models; monitor implementation of integrated delivery models
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Telehealth
  • Facilitate cost-effective use of quality services
Questions or Comments?
Contact Representative Jim Dunnigan
Majority Leader, Utah House of Representatives
Co-chair of the Utah Legislature’s Health Reform Task Force
jDunnigan@Le.Utah.gov