

Utah's Expanding Medicaid Coverage: Three Scenarios

By: Laura Summers, Senior Health Care Analyst | Kem C. Gardner Policy Institute

Table of Contents

Introduction ..... 1
Utah's Current Medicaid Landscape ..... 3
Utah's Changing Medicaid Landscape ..... 4
Enhanced Federal Match..... 5
Details on Utah's Medicaid Coverage Changes ..... 5
Conclusion..... 5

Introduction

After years of debating whether and how to expand Medicaid coverage to uninsured adults who do not currently qualify for the program, Utah is poised to move forward with one of three changes to its Medicaid program in 2019.

This policy brief helps Utah voters, policy makers, and business and community leaders better understand and compare the proposed changes to Utah's Medicaid program. It includes information on program elements, federal and state costs, lessons learned from other states, and policy concerns associated with each scenario. A summary of key information on the proposed changes is provided below.

Scenario 1: H.B. 472: Medicaid Waiver Expansion (2018 General Legislative Session)

Expands Medicaid coverage to 70,000-90,000 adults who earn an annual income up to \$12,140 (\$25,100 for a family of four).<sup>1</sup>

Imposes a tax on hospitals to pay for the expanded coverage.

Key considerations:

- Addresses Utah's coverage gap (i.e., adults who make too much money to qualify for Medicaid, but not enough money to qualify for a federal tax credit that helps them purchase health insurance on HealthCare.gov). See Figure 1.
Brings federal taxpayer dollars back to the state through an enhanced federal match rate (if the enhanced match is approved by the Centers for Medicare & Medicaid Services, CMS).
By expanding Medicaid to 100 percent of the federal poverty level (FPL), the federal government continues to pay the cost of covering adults with income between 100-138 percent FPL by providing tax credits to help them purchase individual health insurance on HealthCare.gov. See Figure 2.

- Imposes a work requirement as a condition of receiving Medicaid benefits through the expansion program (exemptions exist).
Creates an administrative burden for the state because of the need to monitor enrollees' compliance with the work requirement. This burden will likely be less than what is expected in other states because Utah will leverage existing systems.
Requires adults to enroll in qualifying employer-sponsored insurance (ESI) when available. Medicaid will pay for enrollees' premiums, assist with copays, and provide Medicaid benefits not covered by the employer-sponsored plan.
Program eligibility will be capped based on available state funding.

Subject to CMS approval.

Likelihood of CMS approval: Unknown. It is unclear whether CMS can or will approve an enhanced federal match rate for states that expand Medicaid to a level below 138 percent FPL, which is the income threshold established by the Affordable Care Act (ACA).<sup>2</sup>

Additional information:

H.B. 472, Medicaid Expansion Revisions, passed during the 2018 General Session (GS),<sup>3</sup> directs the Utah Department of Health (UDOH) to submit an 1115 waiver request to CMS to expand Medicaid eligibility to adults age 19-64 with household income up to 100 percent FPL.<sup>4</sup> The 1115 waiver was submitted to CMS for consideration on June 22, 2018.<sup>5</sup>

Scenario 2: 2018 Ballot Initiative (Utah Decides Healthcare Act of 2018)

Expands Medicaid coverage to 100,000-150,000 adults with annual income up to \$16,753 (\$34,638 for a family of four).

Imposes a 0.15 percentage point increase in the sales tax to pay for the expanded coverage (i.e., increases the state sales tax rate from 4.7 to 4.85 percent).

Key considerations:

- Addresses Utah's coverage gap.
Secures maximum federal Medicaid match dollars and returns maximum federal taxpayer dollars to the state by expanding Medicaid to 138 percent FPL.

- Makes the state responsible for paying 10 percent of the cost of covering adults with income between 100-138 percent FPL (who currently have access to tax credits paid by the federal government to help them purchase individual health insurance on HealthCare.gov). See Figure 3.
- Protects current and future Medicaid enrollees by restricting changes to the program.
- Potentially places pressure on other state-funded programs, such as education and transportation, by restricting the state's ability to make program changes in the future – particularly during economic recessions.
- Note: The Utah State Legislature may amend any initiative approved by the people during any legislative session.

Subject to Utah voter approval.

Likelihood of voter approval: Unknown. Public opinion can and often does change overtime, but polls conducted in late 2017 and early 2018 show around 60 percent of voters strongly or somewhat supported a proposed ballot initiative to fully expand Medicaid in Utah.

Additional information:

In May 2018, the Utah Decides Healthcare Act of 2018 was certified as having enough signatures to be placed on the November 2018 general election ballot.<sup>6,7</sup> If voters pass the initiative, the Act will fully expand Medicaid to all adults with household income up to 138 percent FPL. To date, 32 states and DC have fully expanded Medicaid.

In 2017, 59 percent of Maine's voters passed a ballot initiative to expand Medicaid. A Maine superior court judge ruled on June 4, 2018 that the state had to comply with the ballot initiative after the administration was sued for missing the deadline to notify CMS of the expansion.

### **Scenario 3: H.B. 325: Enhancement Waiver Program (2018 General Legislative Session)**

Enhances medical benefits for an estimated 13,800 Medicaid enrollees who currently have a limited benefit package and reduces medical benefits for about 10,200 Medicaid enrollees who currently have a full benefit package.

Leverages an existing hospital tax to pay for the extra benefits.

Key considerations:

- Provides some adults in the Primary Care Network (PCN) Medicaid program with a more robust benefit package that includes hospital care.
- Reduces benefits for other Medicaid enrollees in return.
- Does not address Utah's coverage gap.
- Default program change if H.B. 472: Medicaid Waiver Expansion is not approved by CMS and the 2018 ballot initiative does not pass.

Subject to CMS approval.

Likelihood of CMS approval: High

Additional information:

PCN is a limited benefit health plan offered by UDOH to adults who are not traditionally eligible for Medicaid.<sup>8</sup> It operates under an 1115 waiver originally approved by CMS in 2002. The health plan covers basic primary care services including: visits to a primary care doctor, four prescriptions per month, dental exams, immunizations, eye exams, and routine lab services, among others.<sup>9</sup>

H.B. 325, Primary Care Network Amendments,<sup>10</sup> passed during the 2018 General Session, directs UDOH to apply for a new 1115 waiver or submit a waiver amendment request to CMS to implement the Primary Care Network enhancement waiver program.

The goal of the enhancement waiver program is to expand the medical benefits and services offered through PCN to include specialty care, inpatient and outpatient hospital care, and substance abuse treatment (see p. 7 for a complete list of expanded benefits).

To expand the number of benefits available to some PCN enrollees, UDOH will reduce the benefits available to two other Medicaid populations: Targeted Adults and the expansion Parents or Caretaker Relatives population. These populations receive Medicaid coverage through the health coverage improvement program (H.B. 437, 2016 General Session). Descriptions of these populations are provided in Appendix 3. If the enhancement waiver program is implemented, Targeted Adults and expansion Parents or Caretaker Relatives would receive enhanced PCN benefits rather than standard Medicaid benefits.

UDOH is directed to only apply for this waiver if the H.B. 472: Medicaid Waiver Expansion program is not approved by CMS.

## Utah's Current Medicaid Landscape

Medicaid provides health care coverage to low-income children, pregnant women, parents with dependent children, seniors, and people with disabilities. It also helps low-income elderly adults pay for long-term medical care, such as nursing homes. Medicaid enrollment varies by month, but the annual unduplicated count of individuals on Medicaid in Utah is around 415,000. The majority of Utah's Medicaid population is children, making up more than 60 percent of total enrollees.<sup>11</sup>

The Medicaid program is a federal-state partnership where the federal government matches state Medicaid spending according to a formula set by federal law. The federal match rate varies by state based on the state's per capita income—the lower a state's per capita income relative to the national average, the higher the state's federal match.

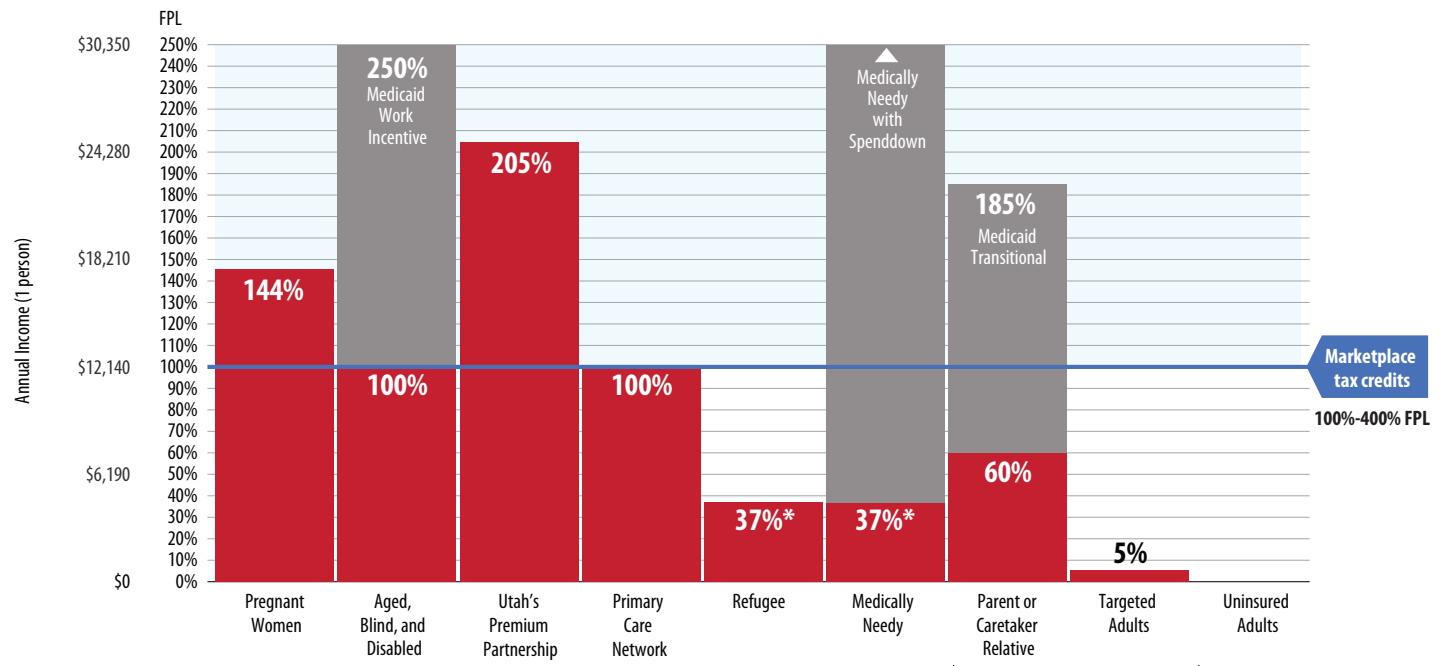
The FY 2018 federal match rate for Utah is 70.26 percent, meaning the state is responsible for covering approximately 30 percent of Medicaid costs and the federal government covers the

remaining 70 percent. Or, for every \$1.00 the state spends on Medicaid, the federal government covers 70 cents.

As illustrated in Figure 1, the state has expanded coverage to some adult populations beyond those required by federal law (i.e., pregnant women, parents or caregiver relatives, seniors, and individuals with disabilities). These additional populations are eligible for Medicaid at varying income levels and may receive different benefit packages. For example, pregnant women with income up to 144 percent FPL (about \$17,000 per year for a single household) are eligible for Medicaid from the date their application is submitted to 60 days post-partum.

Non-pregnant parents and caretaker adults, however, are only eligible for Medicaid if they have income below 60 percent FPL,<sup>12</sup> which equates to an annual income less than \$10,000 for a family of two. This population receives a slightly more limited Medicaid benefit package than what is provided to children, pregnant women, seniors, disabled adults, and individuals eligible under the breast and cervical cancer program.<sup>13</sup> For additional information, see the program descriptions in Appendix 3.

**Figure 1: Utah's Medicaid Program Eligibility Levels for Adults, 2018**



Note: Does not include eligibility levels for children. Includes five percent income disregards where applicable. See Appendix 3 for program descriptions.

## Utah's Changing Medicaid Landscape

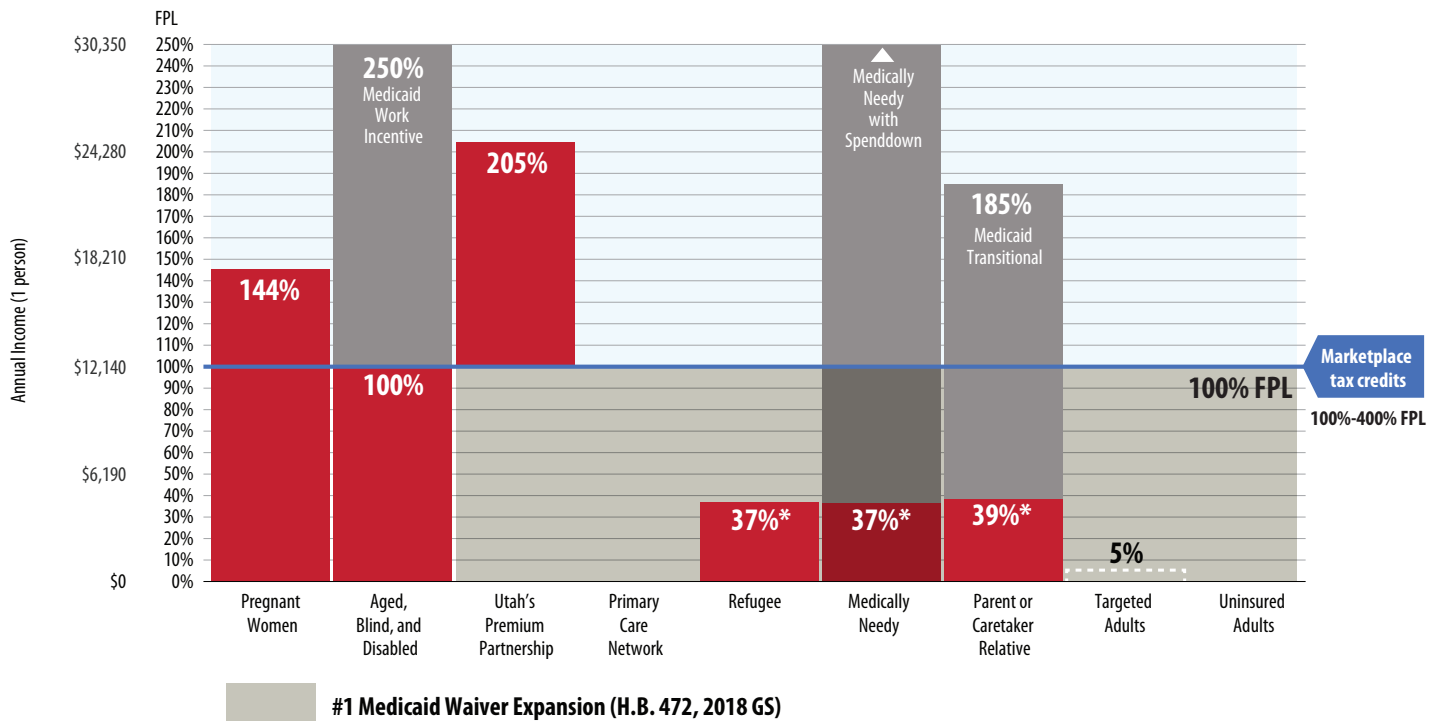
Both H.B. 472: Medicaid Waiver Expansion and the 2018 ballot initiative eliminate the "coverage gap" that was created by the ACA when the Supreme Court ruled that the Medicaid expansion provision was optional, not mandatory for states.

The ACA changed adults' access to Medicaid by expanding Medicaid eligibility to low-income childless adults and raising the mandatory income eligibility level for jobless and working parents or caretaker relatives. Under the ACA's Medicaid expansion provision, all adults under 138 percent FPL qualify for Medicaid. As illustrated in Figures 1-3, the ACA also included a provision that the federal government provide premium tax credits to

help adults with income between 100-400 percent FPL pay for insurance purchased through the Marketplace (or HealthCare.gov). These tax credits are paid for by the federal government and the amount of the credit provided is based on a sliding scale, with higher credits available to those with lower incomes. By not expanding Medicaid, Utah created a coverage gap for uninsured adults that do not qualify for an existing Medicaid program and do not have access to Marketplace tax credits.

Figures 2-3 illustrate the proposed changes to Utah's Medicaid program from H.B. 472: Medicaid Waiver Expansion and the 2018 ballot initiative.

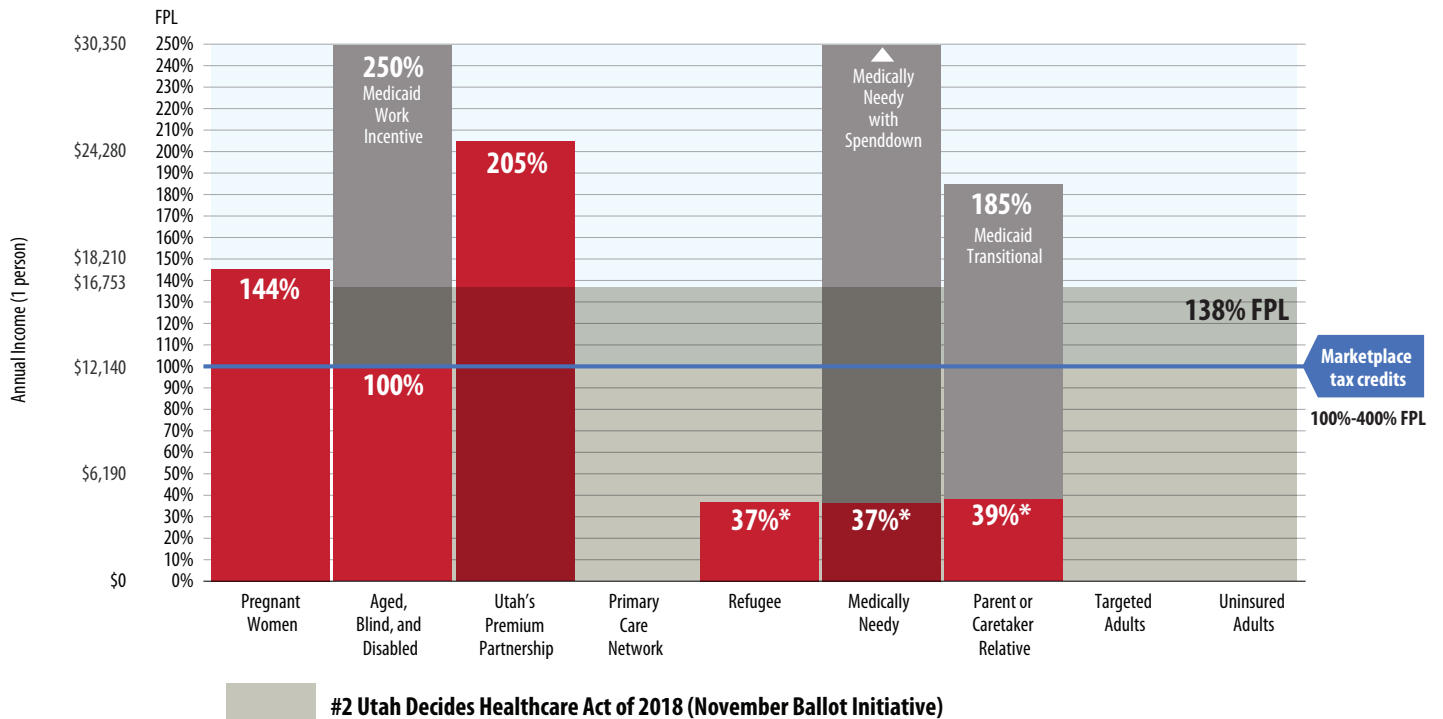
**Figure 2: Scenario 1: H.B. 472: Medicaid Waiver Expansion**



See Appendix 3 for program descriptions. Note: Does not include eligibility levels for children. Includes five percent income disregards where applicable.

H.B. 472: Medicaid Waiver Expansion includes enrollees in the shaded areas. Some enrollees in Medically Needy programs may transition to the expansion program and receive the enhanced federal match.

**Figure 3: Scenario 2: 2018 Ballot Initiative (Utah Decides Healthcare Act of 2018)**



See Appendix 3 for program descriptions. Note: Does not include eligibility levels for children. Includes five percent income disregards where applicable.

The Utah Decides Healthcare Act of 2018 will expand Medicaid to the shaded areas. Some individuals eligible for other Medicaid programs (e.g., Medically Needy, etc.) could also migrate to the Medicaid expansion group.

## Enhanced Federal Match

To offset the costs of expanded Medicaid coverage, the ACA applies an enhanced federal match rate to the Medicaid expansion population. From 2014-2016, the federal match rate was 100 percent. After 2016, the federal match rate is gradually reduced to 90 percent by 2020 and is expected to hold at 90 percent thereafter (meaning for every \$1.00 the state spends on Medicaid, the federal government covers 90 cents). States are responsible for covering the percent not paid by the federal government as well as the associated administrative costs of providing coverage to the new population.

Utah is requesting CMS apply the enhanced federal match rate to H.B. 472 even though the program is only expanding coverage to adults with income below 100 percent FPL rather than the ACA required 138 percent FPL.

**Figure 4: Federal Match Rates for Utah's Proposed Medicaid Program Changes**

Proposed Change	Federal Match	Federal/State Split
Scenario 1: H.B. 472: Medicaid Waiver Expansion	90% (If approved by CMS)	Federal government covers 90 cents of every \$1 spent on Medicaid
Scenario 2: 2018 Ballot Initiative (Utah Decides Healthcare Act of 2018)	90%	Federal government covers 90 cents of every \$1 spent on Medicaid
Scenario 3: H.B. 325: Enhancement Waiver Program	70%	Federal government covers 70 cents of every \$1 spent on Medicaid

Because the 2018 ballot initiative expands Medicaid to 138 percent FPL, the expanded population will automatically receive the enhanced federal match. H.B. 325: Enhancement Waiver Program would be covered at the state's regular federal match rate.

## Details on Utah's Medicaid Coverage Changes

A more detailed chart comparing the proposed changes to Utah's Medicaid program is provided in Appendix 1. This chart can help Utah's voters, policy makers, and business and community leaders better understand and compare the proposed changes to Utah's Medicaid program. It includes information on the effective dates, federal and state costs, lessons learned from other states, and policy concerns associated with each program.

## Conclusion

As outlined, there are advantages and disadvantages associated with each of the three proposed changes to Utah's Medicaid program. There are also overlapping timing issues as H.B. 472 could still be under consideration by CMS when Utahns vote on the Utah Decides Healthcare Act in November 2018. And even if H.B. 472 is approved by CMS, Utahns can vote to implement the Utah Decides Healthcare Act instead, which is then open to changes by the Legislature. While Medicaid is a complicated program, and expanding Medicaid is a complex issue, one thing is clear: Medicaid expansion will continue to be an issue that state and federal decision makers seek to address over time.

**Appendix 1**

**Proposed Changes to Utah's Medicaid Program**

	Scenario #1	Scenario #2	Scenario #3
	Medicaid Waiver Expansion (H.B. 472, 2018 GS) / 1115 Primary Care Network Demonstration Amendment	Utah Decides Healthcare Act of 2018 (November Ballot Initiative)	Enhancement Waiver Program (H.B. 325, 2018 GS)
Effective Date	January 1, 2019 (pending approval from CMS).	April 1, 2019 (pending voter approval).	Will be submitted to CMS if the Medicaid Waiver Expansion program is not approved.
Eligible Individuals <sup>14</sup>	<p>Adults with annual household income below 95% FPL (100% with the 5% income disregard). See Figure 2.</p> <p>Annual Income Limits: Individual: \$12,140 Family of four: \$25,100</p>	<p>Adults with annual household income below 133% FPL (138% FPL with the 5% income disregard). See Figure 3.</p> <p>Annual Income Limits: Individual: \$16,753 Family of four: \$34,638</p> <p>The Act mandates that Medicaid eligibility determination standards, methodologies, and procedures can be no more restrictive than those in effect on January 1, 2017.</p>	<p>Individuals who meet the following qualifications (listed in priority order).</p> <p>(i) Targeted Adults (0% FPL; 5% with disregard) Individual: \$650; Family of four: \$1,300 (additional eligibility requirements apply).</p> <p>(ii) Expansion Parents or Caretaker Relatives (~39-55% FPL; 60% with disregard) Family of two: \$10,000; Family of four: \$15,300</p> <p>(iii) Adults with dependent children enrolled in the PCN program who do not qualify for the health coverage improvement program (currently 95% FPL; 100% with disregard)</p> <p>(iv) Adults without dependent children enrolled in the PCN program (if funding is available). Currently 95% FPL; 100% with disregard.</p> <p>Income eligibility levels may be modified each fiscal year based on available funds (pending CMS approval).</p>
Estimated Enrollment <sup>15</sup>	<p>70,000-90,000</p> <p>Number of enrollees is based on available funding and CMS approval.</p>	100,000-150,000	<p>Provides additional medical benefits to ~13,800 PCN enrollees and reduces medical benefits for ~10,200 health coverage improvement enrollees who currently have a full Medicaid benefit package.</p> <p>Number of enrollees is based on available funding and CMS approval.</p>
Federal Costs	90% federal match (pending approval from CMS). <sup>16</sup>	90% federal match.	70.26% federal match.



	Scenario #1	Scenario #2	Scenario #3
	Medicaid Waiver Expansion (H.B. 472, 2018 GS) / 1115 Primary Care Network Demonstration Amendment	Utah Decides Healthcare Act of 2018 (November Ballot Initiative)	Enhancement Waiver Program (H.B. 325, 2018 GS)
State Costs and Offsets	<p>State cost in FY 2021: \$13.4 million<sup>17</sup> State costs given offsets: \$0</p> <p>Leverages a new hospital assessment and existing Medicaid Expansion Funds to cover state costs.</p> <p>Note: Total estimated costs to the state when accounting for the woodwork effect (i.e., when enrollment in the regular Medicaid program increases due to outreach efforts related to the new program) are estimated to be closer to \$30 million.<sup>18</sup></p>	<p>State cost in FY 2021: \$77 million<sup>19</sup> State costs given offsets: \$0</p> <p>Proposes a 0.15 percentage point sales tax increase to cover state costs (i.e., increasing the sales tax rate from 4.7% to 4.85%). Expected to generate \$90 million in new revenue.</p> <p>Note: This cost estimate includes an estimate for the woodwork effect. That said, "Beyond FY 2021, costs could outpace new revenue depending on actual cost and revenue trajectories."<sup>20</sup></p>	<p>State cost FY 2020: \$14.1 million<sup>21</sup> State costs given offsets: \$0</p> <p>Leverages an existing inpatient hospital assessment and Medicaid Expansion Funds to cover state costs.</p> <p>There are no expected costs to the General Fund.</p>
Benefits	Standard Medicaid benefits.	<p>Standard Medicaid benefits.</p> <p>The Act prohibits any restriction of Medicaid benefits or increases in premiums, enrollment fees, and out-of-pocket costs beyond those in place on January 1, 2017.</p>	<p>Alternative Medicaid benefits. Benefit package includes:</p> <ul style="list-style-type: none"> <li>(i) Benefits currently offered under PCN</li> <li>(ii) Diagnostic testing and procedures</li> <li>(iii) Medical specialty care</li> <li>(iv) Inpatient hospital services</li> <li>(v) Outpatient hospital services</li> <li>(vi) Outpatient behavioral health care, including outpatient substance abuse care</li> <li>(vii) Temporary residential treatment for substance abuse in a short term, non-institutional, 24-hour facility<sup>22</sup></li> </ul>
Delivery Model	<p>Medicaid fee-for-service (the state Medicaid agency pays directly for benefits and services provided). May transition to Accountable Care Organizations (ACOs)<sup>23</sup> over time.</p> <p>Requires enrollment in qualifying employer-sponsored insurance when available.<sup>24</sup> The state reimburses premium payments, assists with copays, and provides Medicaid benefits not covered by the employer-sponsored plan.</p> <p>Failure to purchase qualifying insurance will result in a loss of Medicaid eligibility.</p>	ACOs (Medicaid fee-for-service in areas where no ACOs operate).	May be implemented through ACOs (Medicaid fee-for-service in areas where no ACOs operate).

	Scenario #1	Scenario #2	Scenario #3
	Medicaid Waiver Expansion (H.B. 472, 2018 GS) / 1115 Primary Care Network Demonstration Amendment	Utah Decides Healthcare Act of 2018 (November Ballot Initiative)	Enhancement Waiver Program (H.B. 325, 2018 GS)
Provider Rates	Hospitals to be reimbursed no less than the Medicaid fee-for-service rate (i.e., State Plan provider payment rates).	Provider payments cannot decrease below the rates in effect on January 1, 2017 (subject to an inflationary adjustment). <sup>25</sup>	Hospitals shall be reimbursed no less than the Medicaid fee-for-service rate.
Enrollment Cap	Closed to new enrollment if the program's costs are projected to exceed the appropriated funds for that fiscal year. Adults that apply after an enrollment limit is put in place are not eligible.  Note: While CMS currently permits program caps in the PCN program, it is unknown whether CMS would allow a broader Medicaid expansion population to be capped.	Prohibits any caps on enrollment beyond those in place on January 1, 2017.	The number of individuals enrolled in the enhancement waiver program may not exceed 105% of the number of individuals who were enrolled in PCN on December 31, 2017. Note: in FY 2017, the average number of members enrolled in PCN per month was 15,054.  Income eligibility levels can be modified each year based on available funds and CMS approval.
Work Requirements	Yes. Qualifying activities include completing an evaluation, participating in online job training, performing online job searches, and making job contacts. Work activities must be completed using the Supplemental Nutrition Assistance Program's (SNAP) work resources available through the Utah Department of Workforce Services (DWS).  Enrollees must complete the required work activities within the first three-months of a 12-month eligibility period to remain eligible for Medicaid. The work requirement must be met every 12 months.  Enrollees who lose eligibility may reapply for Medicaid after completing all of the required activities OR by qualifying for an exemption. Populations exempted from the work requirement are listed in Appendix 2.	N/A. As currently written, the Act does not allow for new eligibility standards that are more restrictive than those in effect on January 1, 2017.	N/A. However, a request to implement work requirements for PCN enrollees and adults without dependent children is included in an 1115 waiver pending at CMS. This waiver has been put on pause until CMS reviews the Medicaid Waiver Expansion proposal.



	Scenario #1	Scenario #2	Scenario #3
	Medicaid Waiver Expansion (H.B. 472, 2018 GS) / 1115 Primary Care Network Demonstration Amendment	Utah Decides Healthcare Act of 2018 (November Ballot Initiative)	Enhancement Waiver Program (H.B. 325, 2018 GS)
Sunset Provisions	Closes no later than the following July 1 without additional action from the Legislature if the federal match falls below 90%.	N/A.	Income eligibility levels may be modified each fiscal year based on current enrollment, projected enrollment, and available funds. <sup>26</sup>
Changes to the Program	Changes to the program will require CMS to approve an amendment to the 1115 waiver.	If passed, the Utah State Legislature may amend the initiative during any legislative session. <sup>27</sup>	Changes to the program will require CMS to approve an amendment to the 1115 waiver.
Lessons Learned from Other States	<p>It is unclear whether CMS can or will approve an enhanced federal match rate for states that expand Medicaid below 138% FPL. For example, Arkansas submitted an 1115 waiver to CMS that sought to reduce eligibility for its Medicaid expansion population to 100% FPL and still receive the enhanced federal match rate. CMS deferred its decision on this waiver request in March 2018, indicating that it would not approve the request “at this time.”</p> <p>Other states have expanded eligibility of select adult populations to 100% FPL, but receive their state’s regular match rate.</p> <p>In terms of the work requirement, organizations in Kentucky have sued the state for requiring adult Medicaid enrollees to work as a condition of eligibility. The lawsuit contends that federal Medicaid law requires states to cover all members of any group of residents they choose to cover and that states cannot impose extra eligibility requirements.<sup>28</sup></p> <p>On June 29, 2018, the DC federal district court ruled that CMS’ approval of the Kentucky waiver was not consistent with Medicaid program objectives.</p>	<p>In 2017, 59% of Maine’s voters passed a ballot initiative to expand Medicaid.<sup>29</sup></p> <p>Maine’s Governor LePage has long opposed Medicaid expansion and the state’s Department of Health and Human Services is being sued for missing the April 3, 2018 deadline to notify CMS it is planning to expand Medicaid. A state superior court judge ruled on June 4, 2018 that the state had to comply with the ballot initiative and expand Medicaid. The state is seeking an appeal.</p>	<p>CMS continues to approve partial expansions that leverage states’ current federal match rates. As currently proposed, it is not expected that CMS would have an issue with approval of this 1115 waiver amendment.</p>

	Scenario #1	Scenario #2	Scenario #3
	Medicaid Waiver Expansion (H.B. 472, 2018 GS) / 1115 Primary Care Network Demonstration Amendment	Utah Decides Healthcare Act of 2018 (November Ballot Initiative)	Enhancement Waiver Program (H.B. 325, 2018 GS)
Policy Issues	<p>While the work requirements outlined in the 1115 waiver leverage existing SNAP work activities, implementation of the requirements place new reporting and tracking responsibilities on the state—adding costs and taking staff and resources away from existing work.</p> <p>The costs of coordinating and supporting Medicaid work requirements are not eligible for federal match. In a January 2018 Medicaid Director letter, CMS clearly indicates that it will not reimburse or match costs related to helping Medicaid enrollees meet state work requirements.<sup>30</sup></p>	<p>As currently written, the Utah Decides Healthcare Act of 2018 restricts the ability of UDOH to make future changes the Medicaid program. Medicaid is counter-cyclical, meaning enrollment and costs grow when the economy shrinks. To control Medicaid costs, states can use one of three levers: adjust rates, adjust benefits, or adjust eligibility. The Utah Decides Healthcare Act of 2018 constrains all three levers.</p> <p>If Utah experiences a recession, the state will be faced with a growing Medicaid program, growing costs, a declining tax revenue—and the inability to adjust Medicaid levers in order to control costs. This will place financial pressure on other state-funded programs such as education, transportation, and public health.</p>	<p>The enhancement waiver program provides an increased number of benefits to a larger number of people, but does not address the state's Medicaid coverage gap.</p>

## Appendix 2

### Populations Exempt from Utah's Proposed Medicaid Waiver Expansion Work Requirement<sup>31</sup>

- Age 60 or older
- Physically or mentally unable to work
- Have a dependent child under age six
- Responsible for the care of an incapacitated person
- Receiving Unemployment Insurance benefits or has applied and/or waiting for a decision and has registered for work at Department of Workforce Services (DWS)
- Regularly participating in a substance use disorder program, including involvement in intensive outpatient treatment
- A student enrolled at least half time in any school or training program. The student remains exempt until the individual drops out, is suspended or expelled, or does not intend to register for the next normal school term (summer school is exempt)
- Participating in refugee employment services
- Temporary Assistance for Needy Families (TANF) recipient
- Issued a Family Employment Program (FEP)/TANF diversion payment (month of issuance only)
- Working at least 30 hours a week OR earning at least the federal minimum wage times 30 hours a week
- Pregnant (if a woman in the demonstration becomes pregnant, she will be moved to the Pregnant Woman program)
- Verified membership in a federally recognized tribe (can participate, but will not lose eligibility for failure to participate)
- Receive SNAP benefits and either comply with or are exempt from the SNAP work requirement
- Able to claim a good cause exemption, including:
  - o Having a disability defined by the Americans with Disabilities Act (ADA) or the ACA that prevents the person's ability to meet the requirements
  - o Having an immediate family member in the home with a disability that prevents the person's ability to meet the requirements
  - o Experiencing, or have a family member who experiences a hospitalization or serious illness
  - o Experiencing the birth or death of a family member living with the individual
  - o Severe inclement weather (including natural disaster)
  - o A lack of transportation or child care

Note: The state will work with DWS and other community partners to make a good faith effort to connect participating individuals to existing community supports to help the individual meet the work requirement.

## Appendix 3

### Program Descriptions

**Pregnant Women** = The Pregnant Woman's Program covers a pregnant woman from the month she submits her application through 60 days after the baby is born.

**Aged, Blind, and Disabled** = Covers individuals age 65 years or older, blind, or disabled. Persons with disabilities qualify by receiving SSI (Supplemental Security Income), Social Security Disability benefits, or being approved by the State Medicaid Medical Review Board.

**Medicaid Work Incentive** = Covers persons who meet the Social Security criteria for disability and have earned income. Individuals with family income above 100 percent FPL pay a premium.

**UPP (Utah's Premium Partnership)** = Helps families eligible for qualifying ESI or COBRA coverage (including those already enrolled in a COBRA plan) pay their monthly premiums (reimburses up to \$150 per adult and up to \$120 per child per family per month).

**PCN (Primary Care Network)** = Provides a limited benefit package to a capped number of qualifying adults.

**\*Refugee** = Covers qualifying refugees for eight months after their date of entry. Includes language services for those who do not speak or read English. \*The income limit is a set amount for each household size and not based on poverty rates.

**\*Family Medically Needy** = Covers low income families who do not qualify for Parent or Caretaker Relative Medicaid (deprivation of support requirements apply). Members may spend down to the income limit to be eligible. \*The income limit is a set amount for each household size and not based on poverty rates.

**\*Medically Needy with Spenddown** = Allows individuals to "spend down" to a qualifying income limit to be eligible for a program (e.g., Parent or Caretaker Relative Medicaid, etc.). \*The income limit is a set amount for each household size.

**\*Parent or Caretaker Relative** = Covers low income parents and caretaker relatives with dependent children who meet a deprivation of parental support requirement (e.g., death, absence, incapacity, or underemployment). Underemployment is defined as working less than 100 hours per month. \*The income limit is a set amount for each household size and not based on poverty rates. The Parent or Caretaker Relative income eligibility limit was expanded from ~39 percent to 60 percent FPL under the health coverage improvement program.

**Medicaid Transitional** = Certain Parents or Caretaker Relatives may qualify for 12-months of continued Medicaid coverage when they lose eligibility because earned income exceeds the income limit. Some may qualify for 4-month extended Medicaid if spousal support increases.

**Targeted Adults** = Provides coverage to a capped number of adults without dependent children who are: (1) chronically homeless; (2) involved in the justice system through probation, parole, or court ordered treatment needing substance abuse or mental health treatment; (3) needing substance abuse treatment or mental health treatment.

### Additional Medicaid programs for adults not included in the chart:

**Breast or Cervical Cancer** = Uninsured individuals under age 65 who have been screened for breast or cervical cancer through the Center for Disease Control's Breast and Cervical Cancer Early Detection Program and found to need treatment. Qualifying individuals cannot be eligible for any other Medicaid program (unless a spenddown or premium is required to qualify) and have no credible health insurance which covers breast or cervical cancer treatment. Individuals diagnosed with a precancerous condition can receive Medicaid coverage for three months.

**Tuberculosis Medicaid (TB)** = Individuals diagnosed with active TB may receive Medicaid for treatment of their TB, including observed medication administration.

**Medicare Cost-Sharing programs** = Individuals eligible for Medicare may receive help paying their Medicare Part B premium when they meet the income and asset limits for the applicable program.

**Foster Care programs** = Medicaid is provided to former foster care children in addition to current foster care and subsidized adoption children.

**Long-Term Care Medicaid** = Medicaid may also help cover long-term care services and supports for eligible individuals.

## Endnotes

1. Based on 2018 U.S. Federal Poverty Guidelines.
2. 133 percent FPL plus the five percent income disregard. The Affordable Care Act replaced previous income eligibility standards with a universal five percent income disregard for most Medicaid populations.
3. Sponsors: Representative Spendlove, R. and Senator Zehnder, B.
4. 95 percent FPL plus the five percent income disregard.
5. Section 1115 Primary Care Network Demonstration Amendment: Adult Expansion Medicaid Amendment #15 (2018, June 22). 1115 waiver request, Utah Department of Health. Retrieved from <https://medicaid.utah.gov/Documents/files/Utah%201115%20PCN%20Waiver-Adult%20Expansion%20Amendment-21Jun18.pdf>.
6. To qualify for Utah's November 2018 ballot, the Utah Decides Healthcare Act of 2018 needed 113,143 signatures and meet signature thresholds in 26 of Utah's 29 senate districts. State-wide petitions must also include at least five sponsors who are Utah residents and have voted in the past three years. Sponsors: Ormsby, A., Brown, K. A., Armstrong, M., Hayashi, S., and Shiozawa, B. Official inclusion of the Act on the November 2018 ballot was announced by the Lieutenant Governor's Office on May 29, 2018.
7. Utah Decides Healthcare Act of 2018 (2017, November 10). Utah Decides Healthcare. Retrieved from <https://elections.utah.gov/Media/Default/2018%20Election/Initiatives/Utah%20Decides%20Healthcare%20Act%20-%20Second%20Revised%20Law.pdf>.
8. Utah Primary Care Network (PCN) 1115 Demonstration Fact Sheet (2014, December 19). The Centers for Medicare & Medicaid Services (CMS). Retrieved from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ut/ut-primary-care-network-fs.pdf>.
9. For a complete list of services see: <http://health.utah.gov/pcn/whatis.html>.
10. Sponsors: Representative Eliason, S. and Senator Zehnder, B.
11. Ohrenberger, M. (2017, December). 2017 Utah Medicaid & CHIP Annual Report, Utah Department of Health.
12. 55 percent FPL plus the five percent income disregard.
13. Traditional and Non-Traditional Medicaid. Retrieved from <https://medicaid.utah.gov/traditional-and-non-traditional-medicaid>.
14. Annual income limits are based on 2018 U.S. Federal Poverty Guidelines.
15. Does not include estimated impacts from the woodwork effect (when enrollment in the regular Medicaid program increases due to outreach efforts related to the new program) or private coverage crowd out (when employers cease to offer health care coverage for employees that qualify for Medicaid).
16. The federal match will be 93 percent in 2019 before falling to 90 percent in 2020.
17. H.B. 472. General Session 2018. (U.T. 2018). Retrieved from <https://le.utah.gov/~2018/bills/static/HB0472.html>.
18. Frandsen, R. (2018, May 24). 100-138% FPL Clients: Medicaid Ballot Initiative vs. Healthcare Exchange. Presented at the Health Reform Task Force of the Utah Legislature, Salt Lake City, UT.
19. Cox, K. (2017, December 1). Governor's Office of Management and Budget's fiscal estimate for the "Utah Decides Healthcare Act of 2018" statewide initiative. Letter from the Governor's Office of Management and Budget to the State of Utah's Lieutenant Governor. Retrieved from <https://elections.utah.gov/Media/Default/2018%20Election/Initiatives/Utah%20Decides%20Healthcare%20Act%20-%20GOMB%20Revised%20Estimate.pdf>.
20. Ibid.
21. H.B. 325. General Session 2018. (U.T. 2018). Retrieved from <https://le.utah.gov/~2018/bills/static/HB0325.html>.
22. Limited to individuals who qualify for the health coverage improvement program. Includes facilities without a bed capacity limit that provide rehabilitation services that are medically necessary and in accordance with individualized treatment plans.
23. ACOs are health insurance plans the state contracts with to provide medical services to Medicaid enrollees living in Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, or Weber counties. ACO enrollees receive services through ACO network providers. Enrollees in Medicaid's fee-for-service network may use any Utah Medicaid provider. For more information see: <https://medicaid.utah.gov/accountable-care-organizations>.
24. The parameters of qualifying insurance are to be determined, but UDOH is considering plans where employers pay at least 50 percent of the total cost of coverage and the deductible is lower than \$2,500.
25. ACOs cannot decrease payments to providers below the rates that at least one ACO paid on January 1, 2017 (subject to an inflationary adjustment). Payments to ACOs shall be sufficient to comply with this provision. Exceptions include physician reimbursement for drugs or devices.
26. If the enhancement waiver program is repealed or suspended by the state or federal government, UDOH will reinstate the health coverage improvement program.
27. Utah Code. Title 20A, Chapter 7, Part 2, Section 212 (3)(b).
28. Goldstein, A. (2018, January 24). Opponents of Medicaid work requirements file lawsuit to try to stop Kentucky plan. The Washington Post. Retrieved from [https://www.washingtonpost.com/national/health-science/opponents-of-medicaid-work-requirement-file-lawsuit-to-try-to-stop-kentucky-plan/2018/01/24/e61d5bac-008c-11e8-bb03-722769454f82\\_story.html?utm\\_term=.7eb506ca6fd8](https://www.washingtonpost.com/national/health-science/opponents-of-medicaid-work-requirement-file-lawsuit-to-try-to-stop-kentucky-plan/2018/01/24/e61d5bac-008c-11e8-bb03-722769454f82_story.html?utm_term=.7eb506ca6fd8).
29. Pradhan, Rachana (2018, April 30). Politico. Retrieved from <https://www.politico.com/story/2018/04/30/lepage-sued-medicaid-expansion-ballot-measure-559952>.
30. Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries (2018, January 11). State Medicaid Director Letter, CMS. Retrieved from <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18002.pdf>.
31. Section 1115 Primary Care Network Demonstration Amendment: Adult Expansion Medicaid Amendment #15 (2018, June 22). 1115 waiver request, Utah Department of Health.