

Issue Brief – Expand Medicaid Access

HEALTH – MEDICAL ASSISTANCE

DOH IB 08-17

SUMMARY

States around the country have made a conscious effort to expand health insurance coverage. Here in the State of Utah, a significant portion of the population has no health insurance coverage, including a number of those who are employed full or part-time.

Utah has an eligibility gap within its Medicaid program. The number of people on Medicaid is significantly lower than the number of those who are eligible. Some estimates put it as high as thirty percent more people could qualify.

OBJECTIVE

The objective is to assure adequate Medicaid funding for all who qualify and apply for the program.

DISCUSSION AND ANALYSIS

The expansion of Medicaid access is an issue of caseload and utilization. The Analyst has recommended funding the estimated caseload and utilization growth with \$10,940,900 of which \$3,049,600 is from ongoing General Fund. (This is included in House Bill 1 – see Issue Brief IB DOH 08-12). Current overall Medicaid caseloads are declining.

Potential Caseload Growth Factor

If the Legislature approves funding to expand the Children's Health Insurance Program (CHIP), then there is a high probability that Medicaid enrollment will also increase. (See Issue Brief IB DOH 08-18.) Additional General Fund will be required to provide the necessary match for the Medicaid funding.

The Department is estimating a need for an additional \$16,131,400, of which \$5,143,000 is from the General Fund.

Analyst Evaluation

Though the Analyst recognizes the fact that if the funding is made to increase CHIP enrollment, that there would be an increase in the adult Medicaid population. This would be in contrast with the current situation of a declining enrollment. Most of the potential Medicaid clients would be relatively young and relatively healthy, since they have children. This population is one of the least expensive to serve.

LEGISLATIVE ACTION

Recommendation

The Analyst recommends that funding for this item be taken from nonlapsing balances carried over from FY 2006, originally appropriated to fund the estimated caseload growth due to the implementation of Medicare Part D. This is one-time funding, but would enable the Department to get a more accurate estimate of the increase in time to request a supplemental appropriate for FY 2008, if the need materializes.