

**SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE**  
**September 22, 2016**  
**Answers to Subcommittee Questions from the 2016 General Session**  
**Division of Medicaid and Health Financing**

**1. Representative Tanner**

- What is your timeline to find a resolution to legal concerns for sharing more client information in the coordination efforts between agencies (Health, Human Services, and Workforce Services)?

**DOH does not have any legal concerns regarding sharing client information with our partners. We have assured that we have appropriate data sharing agreements between the different departments to allow for sharing of this data.**

- What can we do to keep costs down for high cost clients?

**Our highest cost individuals are high cost for significant reasons. For example, their costs are due to disabilities, preterm birth, cancer, renal failure or a significant traumatic injury. As always DOH will work with other agencies and the managed care plans to manage costs; however, no single pattern emerged from this review showing a specific intervention could reduce these costs.**

**2. Representative Redd**

- Is there any information about your high cost Medicaid clients that would show what percentage/proportion of high costs might have been prevented with prevention/interventions for some of the higher costs?

**Not at this time. Given the nature of the medical conditions of our highest costs individuals, DOH has not done that analysis. However, we are looking at data for individuals whose costs are high but less than \$100,000 to determine if there are meaningful interventions that can be used to mitigate costs in certain circumstances.**

**3. Representative Chavez-Houck**

- What is the General Fund cost associated with the high cost individuals report?

**For Medicaid: Total cost: \$293,220,053/ State share \$86,500,000.**

**Medicaid in DOH: \$255,716,843/ State Share \$75,436,469**

**Medicaid in DHS: \$37,503,210/ State Share \$11,063,447**

#### **4. Representative Chavez-Houck**

- What is our Medicaid growth compared to other states and are we an outlier comparing population growth to other states?

**The average annual growth in Utah's Medicaid spending from FY2010-2014 was 5.1 percent. The national rate during the same period was 5.2 percent.**

**<http://kff.org/medicaid/state-indicator/growth-in-medicaid-spending>**