

PERFORMANCE NOTE: AGENCY FORM

HB 153

SHORT TITLE: MEDICAID AMENDMENTS

Joint Rule 4-2-404 requires a Performance Review Note anytime the legislature significantly increases funding for: New agency New services or benefits Serving a new or larger population

DUE TO THE FISCAL ANALYSIS Wednesday, February 27, 2013

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HOW WILL THE PUBLIC BENEFIT?

1 What is the purpose and the duties of the new program, agency, services, or population served? JR4-2-404(4)(c)(i)

The public will benefit as Medicaid adds a new eligibility group to all adults ages 19-64, that meet US citizenship & Utah residency requirements and have income under 138% of the FPL. They do not have to be pregnant, disabled, or have children in order to qualify. The new adult group is a new category of Medicaid eligibility.

2 What services are provided by the funding increase? JR4-2-404(4)(c)(ii)

Those adults that meet the eligibility criteria will receive an Essential Health Benefits (EHB) package. The EHB package is expected to resemble the current Medicaid traditional benefits with some allowances as described in the federal law.

3 What are the expected outcomes of the new or expanded program and how will the public benefit? JR4-2-404(4)(c)(iii)

By providing greater access to health benefits to this population, the enrolled adults should experience better health outcomes. Some health conditions may be caught before they develop into higher cost care or emergent claims. Other chronic health conditions may be better managed. For many recipients, the entire family may be eligible for a similar benefit package under Medicaid. Mental health coverage may also be more available to this population.

4 How will the bill be implemented and what resources are available to achieve the expected outcomes? JR4-2-404(4)(c)(iv)

The Department of Workforce Services and the Department of Health will work together to implement the necessary changes to the eligibility system. Adding an additional program will only incrementally affect the current changes required to implement the PPACA eligibility. DWS and DOH will need to hire additional staff due to the increased caseload. More eligibility workers will be needed to process cases as well as more workers to review and process claims. DOH will need to determine the new benefit package (EHB) that this adult population will receive.

5 How will the proposed agency activities cause the expected outcomes and public benefit in 3?

By preparing the eligibility system and infrastructure for this new category of Medicaid, DWS and DOH will be reducing the uninsured and allowing access to several health plans. By staffing Medicaid at higher levels, DOH and DWS can administer the program more efficiently for the expected increased caseloads. DOH will need to construct the benefit plan and arrange the health plan contracts to accommodate this new group.

2. PERFORMANCE MEASURES:

What measures will managers and policymakers use to know if the new or expanded program is providing the expected outcomes and public benefits? Provide one, two, and three year goals or targets, actual results and measures if available to serve as a baseline, and outcomes.

Goal (public benefit): Current quality measures will continue to trend in a positive direction.

Measure Title:

Description:

Healthcare Effectiveness Data and Information Set (HEDIS) & Consumer Assessment of Healthcare Providers and Systems (CAHPS) information will be used to measure customer satisfaction and quality and compare it to previous years. Multiple measurements are completed each year. There is not just one number for comparison purposes.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:	multiple	multiple	multiple	multiple	multiple
Baseline:					

How will program managers collect this performance information and ensure its reliability?

The current HEDIS and CAHPS measures will continue to be assessed annually. A comparison of past years data can be made to ensure that customer satisfaction and the quality metrics are not decreasing over

Goal (public benefit): Eligibility is correctly determined to ensure Utah collects the correct federal match.

Measure Title:

Description:

Eligibility accuracy will be achieved by using the current measures, MEQC, PERM, and single state audit. The goal is 97% accuracy of right program and right plan.

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:	97%	97%	97%	97%	97%
Baseline:					

How will program managers collect this performance information and ensure its reliability?

These eligibility audits continue during the course of the year. MEQC has the ability to focus on specific problem areas while PERM and the single state audit consider eligibility from the medical claim back to the

Goal (public benefit):

Measure Title:

Description:

Fiscal Year:	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017
Target or Benchmark:					
Baseline:					

How will program managers collect this performance information and ensure its reliability?