

PERFORMANCE NOTE: AGENCY FORM

S.B. 83

SHORT TITLE: Medicaid Expansion Proposal

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

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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)

Pay for health care provided to adults ages 19-64 - many of them are currently uninsured

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

Medical care provided in an inpatient and outpatient hospital setting, care provided by physicians or other medical professionals, pharmaceutical products and other medical services.

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 FY 17, it is expected that 95,000 adults will be enrolled in the new program. This coverage is expected to provide services to newly enrolled adults and reduce uncompensated care.

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

UDOH will add newly eligible adults to the Medicaid program. Eligibility determination and case management will be handled by DWS through eREP. Claims payment will be made through MMIS (and then PRISM when it is implemented).

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

When DWS accepts and approves applications, newly eligible adults will be enrolled in Medicaid. When UDOH pays claims, medical providers will receive reimbursement for services provided to newly eligible adults. When medical providers are reimbursed for services that previously had been provided as uncompensated care, uncompensated care will be reduced.

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): Increased Medical Coverage for Adults

Measure Title:

Description:

Newly eligible adults ages 19-64 enrolled in Medicaid

| Fiscal Year: | FY 2013 | FY 2014 | FY 2015 | FY 2016 | FY 2017 |
|----------------------|---------|---------|---------|---------|---------|
| Target or Benchmark: | | | | 72,500 | 95,000 |
| Baseline: | - | - | - | - | - |

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

New category of aid codes will be created for the newly eligible adults. Managers will be able to count the number of adults in the new aid codes.

Goal (public benefit):

Measure Title:

Description:

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

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Goal (public benefit):

Measure Title:

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