

26-18-16 Medicaid -- Continuous eligibility -- Promoting payment and delivery reform.

- (1) In accordance with Subsection (2), and within appropriations from the Legislature, the department may amend the state Medicaid plan to:
 - (a) create continuous eligibility for up to 12 months for an individual who has qualified for the state Medicaid program;
 - (b) provide incentives in managed care contracts for an individual to obtain appropriate care in appropriate settings; and
 - (c) require the managed care system to accept the risk of managing the Medicaid population assigned to the plan amendment in return for receiving the benefits of providing quality and cost effective care.
- (2) If the department amends the state Medicaid plan under Subsection (1)(a) or (b), the department:
 - (a) shall ensure that the plan amendment:
 - (i) is cost effective for the state Medicaid program;
 - (ii) increases the quality and continuity of care for recipients; and
 - (iii) calculates and transfers administrative savings from continuous enrollment from the Department of Workforce Services to the Department of Health; and
 - (b) may limit the plan amendment under Subsection (1)(a) or (b) to select geographic areas or specific Medicaid populations.
- (3) The department may seek approval for a state plan amendment, waiver, or a demonstration project from the Secretary of Health and Human Services if necessary to implement a plan amendment under Subsection (1)(a) or (b).

Enacted by Chapter 155, 2012 General Session