

Report to the Social Services Appropriations Subcommittee and the Office of the Legislative Fiscal Analyst

Transitioning Breast and Cervical Cancer Individuals to Medicaid Expansion

October 2020



Legislative Requirement

This report is submitted in response to the following intent language passed in HB0002 by the 2020 Legislature:

The Legislature intends that the Department of Health provide its estimate of clients and associated savings from breast and cervical cancer Medicaid clients who will now be served at a higher match rate under Medicaid expansion and report by October 1, 2020 to the Office of the Legislative Fiscal Analyst.

Introduction

Under the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354), the federal match rate for the optional Breast and Cervical Cancer group is set to the enhanced federal medical assistance percentage for each state. For Utah, that rate typically falls between 77% and 82% each year depending on the state's annual per capita income and how it compares to the national per capita income level. Effective April 1, 2019, Utah expanded Medicaid coverage under the state's 1115 waiver to adults whose income is below 100% of the federal poverty level. Utah additionally expanded coverage to adults whose income is between 101% and 138% of the federal poverty level on January 1, 2020 and began receiving the enhanced federal match rate under 42 CFR § 433.10(c)(6)(E), which is 90%, for the Adult Expansion group. Individuals eligible under the Breast and Cervical Cancer group who meet the eligibility requirements for the Adult Expansion group have transitioned to the Adult Expansion group to acquire the higher federal match rate.

Number of Individuals Transitioned and Associated Savings

In state fiscal year 2020, 78 individuals were transitioned from the Breast and Cervical Cancer group to the Adult Expansion group. Savings realized from the transition of these individuals have been as follows:

Category	Total Expenditures	Federal Share	Federal Share EFMAP	Savings
Behavioral Health Services	\$ 12,500	\$ 10,900	\$ 10,100	\$ 800
Other Services	\$ 211,100	\$ 186,800	\$ 164,700	\$ 2,100
Pharmacy	\$ 58,000	\$ 51,300	\$ 47,400	\$ 3,900
Inpatient Hospital	\$ 45,000	\$ 36,800	\$ 36,200	\$ 600
Outpatient Hospital	\$ 98,200	\$ 83,600	\$ 79,900	\$ 3,800
Physician Services	\$ 138,300	\$ 122,800	\$ 113,200	\$ 9,700
Grand Total	\$ 563,100	\$ 492,200	\$ 451,500	\$ 40,900

For individuals who were transitioned between programs, the state received an additional \$40,900 in federal share on their Medicaid expenditures. In addition to the increased federal funds, the state share of expenditures for these individuals shifted from the state's General Fund to the Medicaid Expansion Fund resulting in a total General Fund savings of \$111,800 (\$40,900 federal funds + \$70,900 Expansion Fund).