Medicaid Consensus

This request provides funding for the ongoing operation of the Medicaid program. For SFY 2023, Medicaid is returning funds due to the extension of the 6.2% FMAP enhancement beyond the period estimated during the 2022 General Session. For SFY 2024, the ongoing request is primarily due to increased caseload and utilization projections while the one-time request covers the unwinding of continuous eligibility.

($41,815,800)
FY23 One-Time General Fund return

$21,114,200
FY24 One-Time General Fund request

$44,255,500
FY24 Ongoing General Fund request

Overview

Medicaid is a publicly financed medical assistance program for low-income Americans. In Utah, about 1 in 6 people are covered by Medicaid.

The Medicaid population has continued to grow, in part due to requirements to keep members enrolled during the federal public health emergency (PHE). Consensus funding reflects the increases in population growth, as well as the following items:

Changes in federal match rate (-0.87% reduction offset by a 6.2% enhancement related to the PHE for 3 quarters for SFY23 and an additional reduction of -0.23% for SFY24)

The FY 2024 estimates include the statutorily required minimum 2% inflationary rate increase for accountable care organizations and behavioral health plans

Provider increases approved in the 2022 General Session (see the "Did You Know" box to the right for additional information)

Unduplicated Medicaid Member Counts
Fiscal Years 2018 - 2022

State Fiscal Year	Member Count
2018	404,834
2019	401,606
2020	413,695
2021	443,840
2022	502,496

More than 500,000 Utahns receive their health coverage from Medicaid

Did You Know?

Medicaid consensus is developed through the coordinated efforts of the Legislative Fiscal Analyst, the Governor's Office of Planning and Budget, and the Department of Health and Human Services.

Provider increases incorporated into the Medicaid Consensus calculation based on appropriations made last session, include the following:

- Home and Community Based Services
- Intermediate Care Facilities
- New Choices Waiver
- Diabetes Educators
- Methadone Clinics
- Residential Treatment Facilities
- Dental Crowns
- Applied Behavioral Analysis

January 2023

Medicaid Coverage of Community Health Workers

Community Health Workers (CHWs) act as a low cost, essential support to the healthcare team by bridging the gap between patients and the healthcare system, and providing social support to members. Funding would add CHWs as authorized providers to deliver services to Medicaid members.

$300,000
Ongoing General Fund request

Overview

CHWs provide non-clinical, personalized support for members, and have been shown to achieve the following health outcomes:

- Improved access and use of health care services and screenings.
- Enhanced communication between members and providers.
- Increased adherence to health recommendations.
- Reduced need for emergency and specialty services.

With the creation of a state certification program through Senate Bill 104 (2022), CHWs could now enroll as Medicaid providers, and have their services reimbursed through Medicaid. Authorizing Medicaid reimbursement for CHWs will also:

Increase access to healthcare for members from underrepresented communities who may have difficulty understanding providers due to cultural or language barriers

Reduce need for emergency/specialty care visits

Improve communication with health care and social providers

Funds will support a Medicaid rate for CHWs at **$17 per 30 minutes**.

Did you know?

Community health workers serve a critical role by:

- Assisting in providing culturally appropriate health promotion and health education.
- Assisting underserved members of our community to access medical services and programs.
- Help in accessing non-medical services and programs.
- Support members in counseling, interpreting, mentoring, social support and transportation

CHWs will serve approximately 3,000 Medicaid members

January 2023

Family Planning Services

Providing affordable comprehensive family planning services to adults above the normal Medicaid income limits, reducing the number of unintended pregnancies in Utah and supporting reproductive healthcare access to low-income adults and families.

$852,300
Ongoing General Fund request

$271,100
One time General Fund offset

Overview

Research has found that cost affects contraceptive choices for women. With cost barriers removed, women with difficulty paying for healthcare are significantly more likely to choose a contraceptive implant or hormonal IUD compared to other methods.

Providing comprehensive family planning services at no cost allows families to have control over when they have children and reduces the amount of unintended pregnancies. These services include access to contraception, family planning consultation, and screening for sexually transmitted infections (STIs).

This proposal aligns with the One Utah Health Collaborative Goal to increase the use of prevention within the Medicaid program to achieve better health outcomes for Utahns on Medicaid.

- DHHS receives $376,600 ongoing General Fund, with a one-time offset of $138,300.
- The Department of Workforce Services receives $475,700 ongoing General Fund, with a one-time offset of $132,800.

Serving Low-Income Families

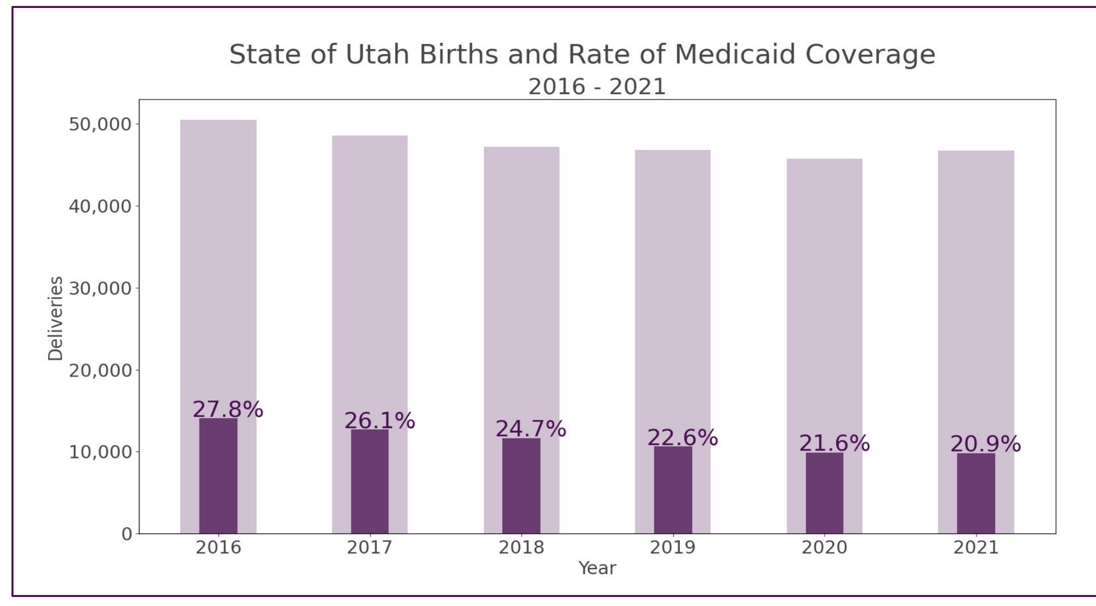
Expanded coverage of comprehensive family planning services will allow low-income Utahns access, flexibility and control of family-planning choices and pregnancy timing. Funding will support family planning services for adults up to 250% of the Federal Poverty Level who are uninsured or underinsured.

Nationally, 26 states have elected to provide this coverage.

It is estimated that this program would serve about 11,000 Utahns.

The state will receive 90% federal funding for these services.

Analysis of other states' family planning services has shown a statistically significant reduction in unintended pregnancies.*



*Adams, E. K., Galactionova, K., & Kenney, G. M. (2015). Medicaid family planning waivers in 3 States: did they reduce unwanted births?. *Inquiry : a journal of medical care organization, provision and financing, 52*, 0046958015588915. https://doi.org/10.1177/0046958015588915

January 2023

Medicaid for 12-Months Postpartum

This funding will extend Medicaid coverage from 60 days postpartum to 12 months after delivery for pregnant members. Extending health coverage for postpartum members contributes towards improved health outcomes for mother and baby.

$2,948,500
Ongoing General Fund request

Overview

Postpartum care is vital for a healthy mother and baby, and a critical part of reducing pregnancy-related deaths, severe maternal morbidity, and improving continuity of care for conditions. This includes:

- Diabetes
- Hypertension
- Cardiac conditions
- Substance use disorder
- Postpartum depression

While many mothers are able to transition from the Medicaid pregnancy program to another Medicaid program 60 days delivery, others are disenrolled and forced to search for coverage during a vulnerable time.

Many postpartum health issues arise several weeks or even months after delivery. The risk of overdose is highest 7 to 12 months postpartum among individuals with opioid use disorder who recently gave birth. Utah also has one of the highest rates of postpartum depression in the country.

12%
Pregnancy-related deaths after 6 weeks postpartum

+50%
Pregnancy-related deaths within 12 months postpartum

5X
Black and American Indian/Alaska Native women are up to 5 times more likely to die from pregnancy-related complications, and are more likely to have a preventable death.

1 in 5
Utah births paid for by Medicaid

4th
Utah's 2022 national birth rate rank

Improving Health Outcomes

Extending postpartum coverage to 12 months provides mother and baby the best outcome for optimal management of conditions such as depression by facilitating the continuity of the mother's care in the postpartum period.

The majority of states have or are planning to implement 12 months of postpartum coverage.

The Federal FY23 Consolidated Appropriations makes this option permanently available to states.

This benefit aligns with the Governor's priorities to provide family supports.

In SFY22, 11,500 mothers received pregnancy Medicaid coverage.

If funded, 2,550 mothers will receive an additional 10 months of coverage.

Medicaid Annual Wellcare Visits for Adults

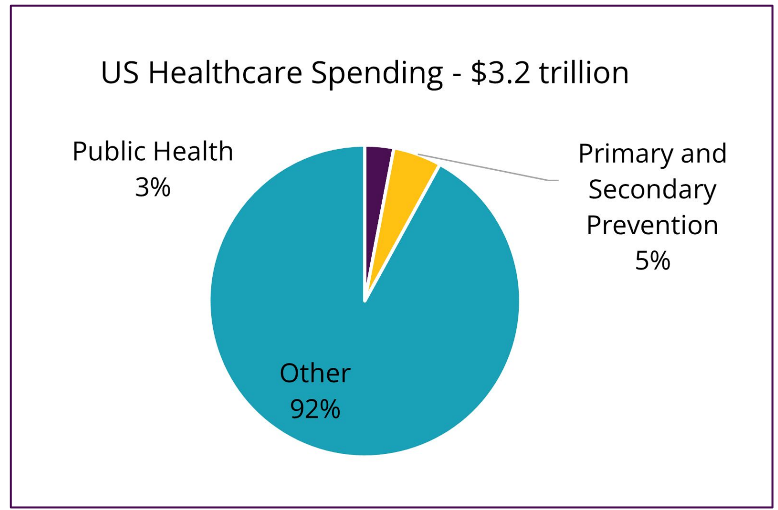
Increasing Opportunities for Preventative Care

Utah is one of a few states that does not cover annual wellcare visits for the adult Medicaid population. This request would expand coverage of primary preventive healthcare services to achieve better health outcomes for these adults.

$201,900
Ongoing General Fund request

Overview

Primary care provides an opportunity for individuals to maintain their health, avoid or delay the onset of disease and lead productive lives. It can also reduce costs overtime by decreasing preventable inpatient hospitalization costs and emergency department visits.

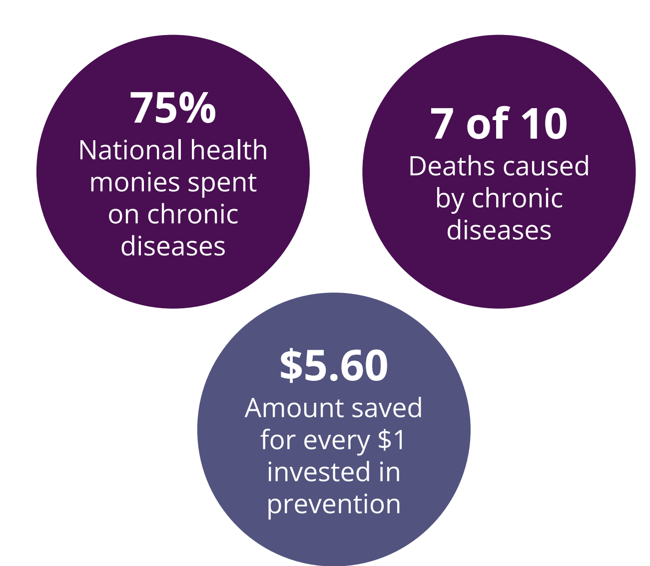


A Healthier Utah

Funding this request will allow adults on Medicaid to:

- develop a trusting relationship with their doctor.
- stay on schedule for screenings, tests, and adult vaccinations.
- increase chance of identifying health conditions early.
- review and update ongoing treatment.
- develop a baseline to help identify chronic disease onset and progression.

This proposal aligns with the One Utah Health Collaborative Goal to increase the use of prevention within the Medicaid program to achieve better health outcomes for Utahns on Medicaid.



If funded, approximately 10,600 adults will access an annual wellness visit.

January 2023

Medically Complex Children's Waiver

The funding request will allow approximately 190 more children with medically complex conditions to be served under Medicaid's Medically Complex Children's Waiver (MCCW).

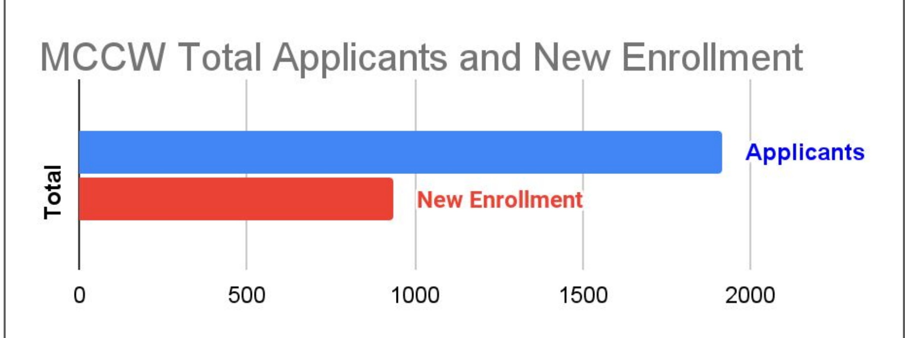
$1,000,000
Ongoing General Fund request

Overview

The MCCW was established to support families caring for their medically complex children, who face an array of significant issues, including:

- Financial hardships due to high medical costs.
- Job loss or reduction due to the time-intensive nature of caring for the child.
- Emotional stressors and strained family relationships.

The following chart shows the number of applicants and new enrollment for the waiver since the inception of the waiver in 2015.



Current Program Capacity: 710 Children

Services Offered: Respite and Case Management

Adds Medicaid as an additional payer for services not covered by traditional insurance (Over 80% of families report having private insurance)

This funding will allow 190 more children with complex medical conditions to receive services and supports from this waiver.

Did you know?

- Current statute requires DHHS to ensure the 710 most acute children are offered services in the waiver.
- The need to constantly recalibrate eligibility to the most acute children at any given point in time, has the effect of disenrolling current medically complex children in order for the state to serve a family at greater need.
- Additional funding will help the Department to continue providing support and stability to families who have children with complex medical needs.

January 2023

Air Ambulance Medicaid Transport Rate

Increasing Utah Medicaid air ambulance rates will support rate parity with surrounding states, and ensure this critical service remains available for Medicaid members by adequately compensating air ambulance providers.

$800,000
Ongoing General Fund request

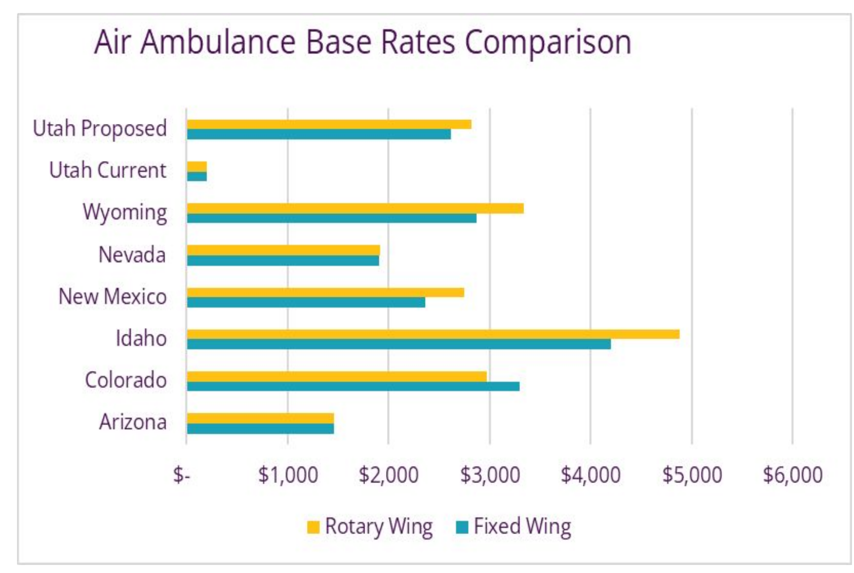
Overview

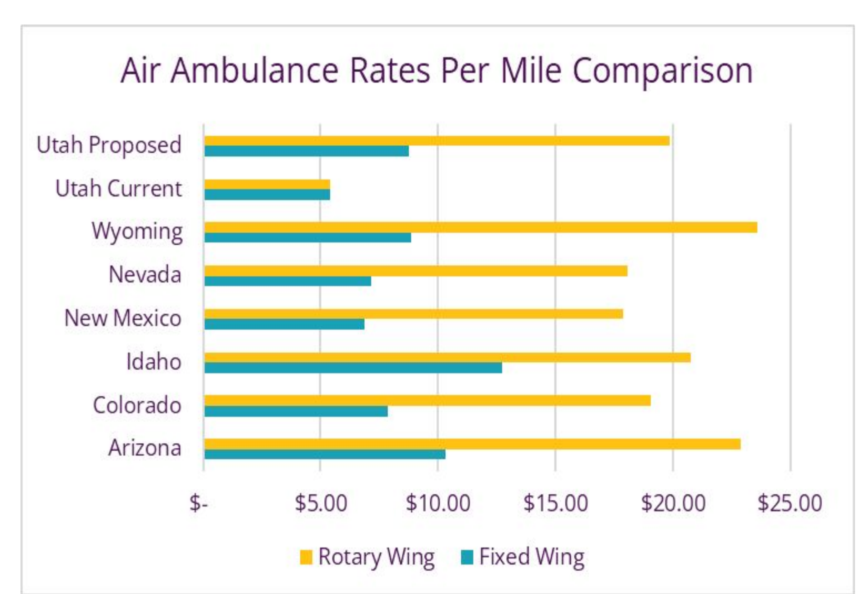
Air ambulance provides a critical role in transporting Medicaid members who are in life-threatening, time sensitive situations to facilities where they can receive essential healthcare services. In calendar year 2020, a total of 1,806 air ambulance flights occurred in Utah. Of these flights, 975 were for Medicaid members.

This service is especially necessary in Utah with the states' substantial rural and frontier areas, and yet air ambulance rates have not seen an increase since 2009.

Compared to ground ambulances, Utah Medicaid only reimburses air ambulances at one fifth the base rate. Utah Medicaid has the lowest reimbursement rates for air ambulance of all western states.

An increase in air ambulance transport rates is imperative In order to remain competitive and ensure continued access to this vital service.





975 Utahns with Medicaid were transported by air ambulance in SFY22

January 2023

Intermediate Care Facility Payment Rates

Increases Medicaid reimbursement rates for private Intermediate Care Facilities (ICFs), including specific increases to offset costs for complex members and for smaller facilities.

$2,283,000
Ongoing General Fund request

Overview

Although most Medicaid members with an intellectual disability receive services in community settings, ICFs continue to be an important part of the continuum of services for individuals who prefer to reside at an ICF and those requiring additional skilled nursing care to address their complex needs.

In June 2021, Utah had 13 ICFs with 525 licensed beds. That number has since been reduced down to 472 beds in Dec 2022. Of the 13 ICFs, 5 are smaller ICFs with 16 beds or fewer. These facilities generally provide services in a more communal setting than larger facilities.

Current Utah Medicaid ICF reimbursement rates are lower than other states as seen below. In total, the requested increase would raise ICF rates by 19.5%, supporting high-quality care at facilities, increased salaries for direct care staff, and other expenditures.

$30/day across-the-board rate increase for all ICFs

$20/day increase for each individual who meets the criteria for medically complex conditions

$20/day increase for smaller ICFs (16 beds or fewer).

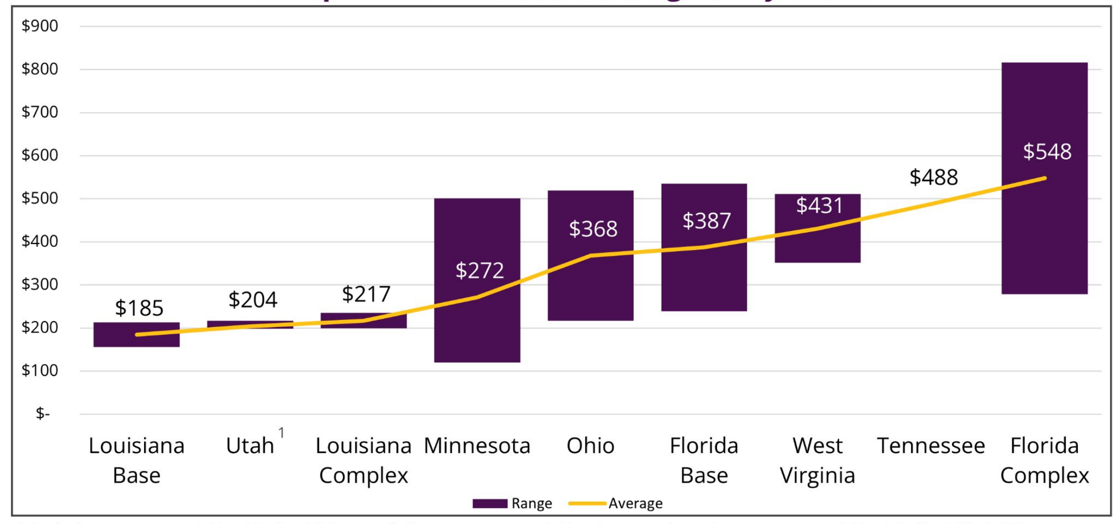
Christensen v. Miner

In 2019, the state entered into a settlement agreement with the Disability Law Center ensuring that residents of ICFs are provided education and opportunities to move to community alternatives if they desired to do so.

Although many individuals have moved from ICFs into home and community based services, many individuals have decided to receive services in an ICF.

With fewer members in ICF facilities, the overhead costs of running the facilities that remain are spread across fewer occupied beds.

Supporting smaller ICFs is consistent with provisions of the state's settlement agreement with the Disability Law Center.



[1] Includes amount paid by Medicaid & spend-down amount paid by the member. Average rate paid by Medicaid is $173

On average, 464 Medicaid members received services daily in an ICF in SFY22

January 2023