

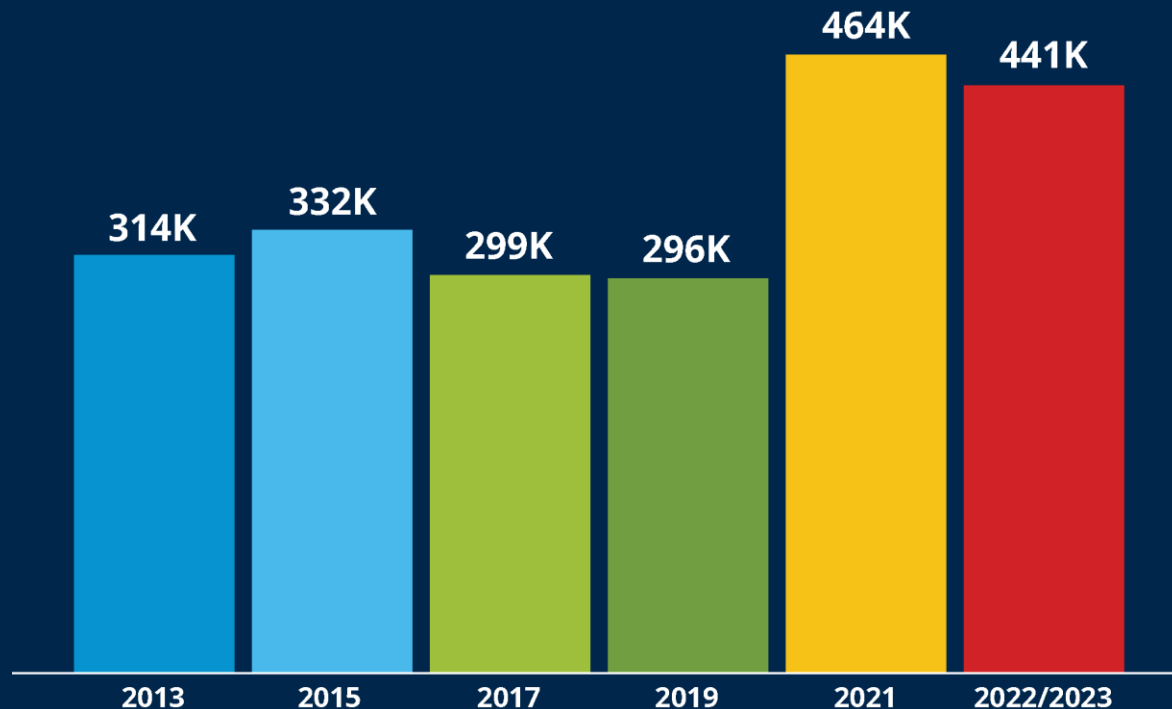


# **Accelerated Uncertainty and Fiscal Insanity:**

## **Medicaid in Utah**

*Sam Adolphsen, Policy Director  
Foundation for Government Accountability*

# Utah Medicaid Enrollment



*All data reflected at the end of the year represented (except for 2023, which reflects August numbers). Final year is 2023.*

**119%**

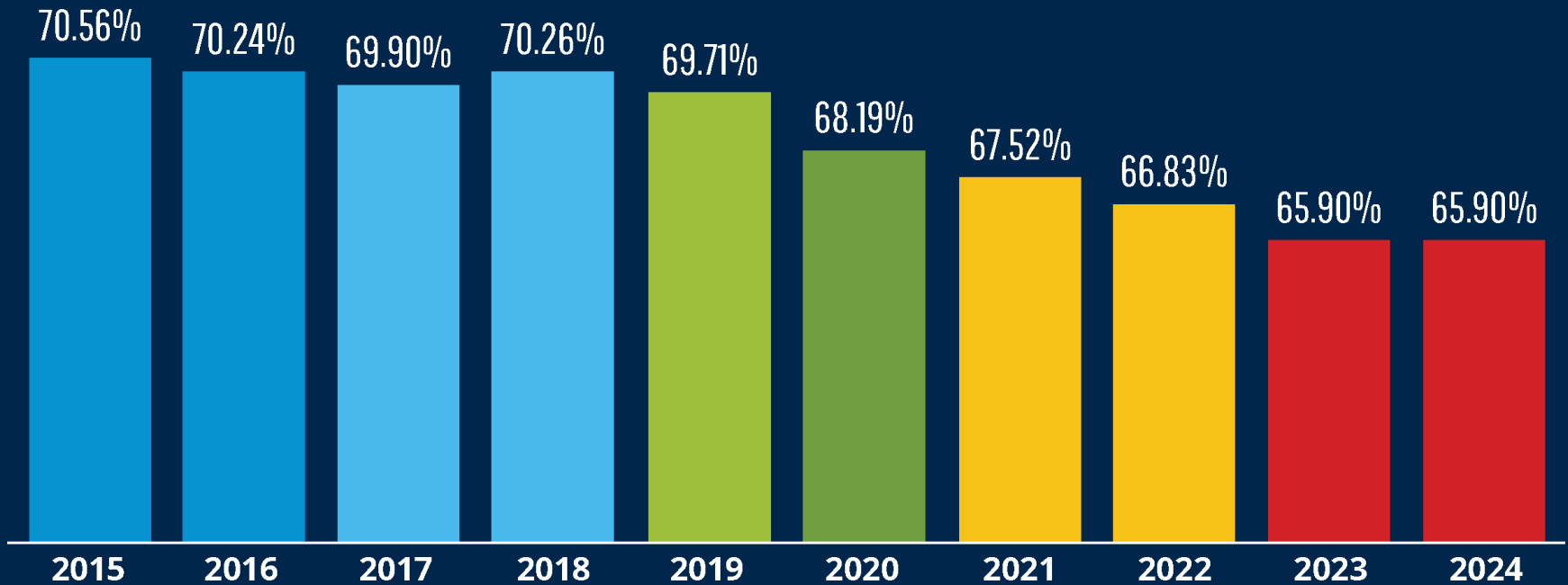
# Utah Medicaid State Spending



# Federal Fiscal Insanity



# Utah's FMAP



# Accelerated Program Integrity Problems

- National error rate: 20%
  - More than \$80 billion in fraud and waste
- 87% due to lack of documents and “eligibility errors”
- Some state error rates as high as between 30% and 40%



More than **ONE**  
**IN EVERY FIVE**  
**DOLLARS** spent  
on Medicaid  
is *improper*.



Eligibility errors  
account for **MORE**  
**THAN 80 PERCENT**  
of improper  
payments.

# Fraud by Design – from the Federal Govt.

- Continuous coverage – Handcuffs
- Expansion group (MAGI) has no asset test
- Hospital Presumptive Eligibility
- Household composition self-attestation
- Trusting data to enroll but not deny or un-enroll



# Federal Government Makes the Rules



## FEDERAL REGISTER

The Daily Journal of the United States Government



**PR** Proposed Rule

### Streamlining the Medicaid, Children's Health Insurance Program, and Basic Health Program Application, Eligibility Determination, Enrollment, and Renewal Processes

A Proposed Rule by the [Centers for Medicare & Medicaid Services](#) on 09/07/2022



**PUBLISHED DOCUMENT**



Start Printed Page 54760

#### AGENCY:

Centers for Medicare & Medicaid Services (CMS), HHS.

#### DOCUMENT DETAILS

**Printed version:**

[PDF](#)

**Publication Date:**

09/07/2022

# Federal Government Makes the Rules

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid  
Services 7500 Security Boulevard,  
Mail Stop S2-01-16 Baltimore,  
Maryland 21244-1850



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August 30, 2023

Dear State Medicaid Director:

I am writing to remind the state of its obligations to conduct Medicaid renewals in accordance with all federal requirements. Adhering to these requirements is necessary to ensure Medicaid and Children's Health Insurance Program (CHIP) eligible individuals retain their coverage, especially during the state's unwinding period, and in order for the state to comply with longstanding federal Medicaid and CHIP renewal regulations and the conditions for the temporary Federal Medical Assistance Percentage (FMAP) increase under section 6008 of the Families First Coronavirus Response Act (FFCRA) for each quarter in which the state claims the

# Federal Government Makes the Rules

## Where do we go from here to keep people covered

The Biden-Harris Administration is closely monitoring states as this process continues but is committed to doing all that it can to keep people covered.

This is an **all-hands-on-deck effort**. The Biden-Harris Administration is bringing a **whole-of-government response** to this challenge. We are calling on states, members of Congress, the health care industry, community organizations, advocacy coalitions, and other public and private partners to step up and meet this moment – all parties must **do everything in their power to help people stay covered**. To help people retain health care coverage, this Administration is pursuing **four major areas of action**.

First, CMS is continuing to work with states to ensure **compliance with all federal Medicaid rules and that Medicaid enrollees retain the coverage they are entitled to**. CMS has a **comprehensive monitoring approach** in place to troubleshoot issues with our state partners and ensure federal rules are followed. If we find areas where federal rules are not followed, we will act swiftly using all levers at our disposal, **including requiring states to pause procedural terminations as outlined by Congress**.

Second, we are **asking all states to take up all the relevant strategies CMS has put on the table that simplify the Medicaid renewal process and make it easier for eligible individuals to renew their coverage**:

- **Not rushing Medicaid renewals.** Spread out renewals as evenly as possible by taking the full 12 months to initiate the renewal process.
- **Adopting all of the enrollment strategies and waivers CMS has outlined (which, as of this moment, not all states have done)**, including more ways to auto-renew individuals and streamline the renewal process.
- **Aggressively partnering with managed care health insurance plans, hospitals, doctors, nurses, pharmacies, community organizations, employers, schools, and other partners** to get out the word to Medicaid enrollees. For example, **Massachusetts** is providing grants to community-based organizations to door-knock in certain

# Federal Government Makes the Rules

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Press release

## CMS Physician Payment Rule Advances Health Equity

Jul 13, 2023 | Medicare Parts A & B

Share



*Proposed policies will expand behavioral health services, support the President's Cancer Moonshot, promote innovation, and grow value-based care*

Today, the Centers for Medicare & Medicaid Services (CMS) issued the calendar year (CY) 2024 Medicare Physician Fee Schedule (PFS) proposed rule to announce rate updates, advance health equity, and expand access to critical medical services —

# Utah Should Call the Shots – Not D.C.

- Transparency in Federal to State communications, guidance, and funding
- Opportunity to review and approve critical policy decisions
- Ability to reject federal decrees that don't align with Utah's program goals
- Do what you can on Program Integrity, like unwinding faster

# Contingency planning should start now

- **Work requirement**
- **Hospital presumptive eligibility**
- **Fraud lockout**
- **Biannual redeterminations**
- **No pre-populated forms and ex-parte auto renewals**
- **Enrollment cap for expansion**
- **Lifetime benefit limit for expansion adults**