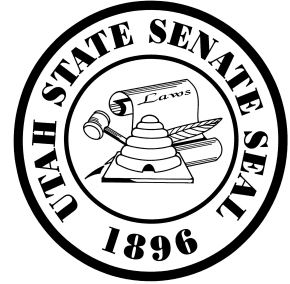




**Performance Note**  
**HB0437S02 - Health Care**  
**Revisions**

Sponsor: Rep. Dunnigan, James A.



Performance Note Report

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Author: kimbeck@utah.gov

Agency: Department of Health

Funding For:

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Serving a New or Larger Population

Public Benefit:

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**Purpose:** Pay for health care for individuals below a certain percentage of the federal poverty level. Prioritize individuals who are chronically homeless, involved in the criminal justice system, or in need of behavioral health treatment. Behavioral health care will be integrated through Medicaid accountable care organizations. Study methods to increase coverage to potentially eligible children and maximize the use of employer sponsored coverage.

**Services:** Traditional Medicaid services which include inpatient and outpatient hospital, physician, pharmacy, long term care, community based services, etc. Eligibility will last for a 12-month period and eligibility criteria that changes will not be re-evaluated until the individual re-applies at the end of the 12-month period.

**Expected Outcome:** By FY 17, it is expected that 16,000 adults would be enrolled in the new program. This coverage would provide services to newly enrolled adults and reduce uncompensated care. Medicaid enrolled individuals who become incarcerated will have their Medicaid coverage suspended, instead of terminated, which will ease the process of resuming coverage when released from custody.

**Implementations and Resources:** 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).

**How:** 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.

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By rule, performance notes are provided by the governmental entity that will supervise the new agency or administer the new program. Performance notes are not written by the Office of the Legislative Fiscal Analyst.