

Effective 5/3/2023

Effective until 5/1/2024

26B-3-226 Medicaid waiver for rural healthcare for chronic conditions.

- (1) As used in this section:
 - (a) "Qualified condition" means:
 - (i) diabetes;
 - (ii) high blood pressure;
 - (iii) congestive heart failure;
 - (iv) asthma;
 - (v) obesity;
 - (vi) chronic obstructive pulmonary disease; or
 - (vii) chronic kidney disease.
 - (b) "Qualified enrollee" means an individual who:
 - (i) is enrolled in the Medicaid program;
 - (ii) has been diagnosed as having a qualified condition; and
 - (iii) is not enrolled in an accountable care organization.
- (2) Before January 1, 2024, the department shall apply for a Medicaid waiver with the Centers for Medicare and Medicaid Services to implement the coverage described in Subsection (3) for a three-year pilot program.
- (3) If the waiver described in Subsection (2) is approved, the Medicaid program shall contract with a single entity to provide coordinated care for the following services to each qualified enrollee:
 - (a) a telemedicine platform for the qualified enrollee to use;
 - (b) an in-home initial visit to the qualified enrollee;
 - (c) daily remote monitoring of the qualified enrollee's qualified condition;
 - (d) all services in the qualified enrollee's language of choice;
 - (e) individual peer monitoring and coaching for the qualified enrollee;
 - (f) available access for the qualified enrollee to video-enabled consults and voice-enabled consults 24 hours a day, seven days a week;
 - (g) in-home biometric monitoring devices to monitor the qualified enrollee's qualified condition; and
 - (h) at-home medication delivery to the qualified enrollee.
- (4) The Medicaid program may not provide the coverage described in Subsection (3) until the waiver is approved.
- (5) Each year the waiver is active, the department shall submit a report to the Health and Human Services Interim Committee before November 30 detailing:
 - (a) the number of patients served under the waiver;
 - (b) the cost of the waiver; and
 - (c) any benefits of the waiver, including an estimate of:
 - (i) the reductions in emergency room visits or hospitalizations;
 - (ii) the reductions in 30-day hospital readmissions for the same diagnosis;
 - (iii) the reductions in complications related to qualified conditions; and
 - (iv) any improvements in health outcomes from baseline assessments.