

119 ~~[(viii) From moral, health and fiscal perspectives, protecting and expanding the~~
 120 ~~Medicaid program in Utah is essential to maintaining the quality of life in our state.]~~

121 ~~[(b) Purpose. The purpose of this measure is to preserve and strengthen medical care~~
 122 ~~in the State of Utah by the following:]~~

123 ~~[(i) Protecting Medicaid and CHIP so that they can continue to provide medical care to~~
 124 ~~those who are currently eligible, and]~~

125 ~~[(ii) Expanding Medicaid eligibility to adults who are in the federal optional Medicaid~~
 126 ~~expansion population, as defined as of January 1, 2017.]~~

127 (1) As used in this section:

128 (a) "CMS" means the Centers for Medicare and Medicaid Services in the United States
 129 Department of Health and Human Services.

130 (b) "Federal poverty level" means the same as that term is defined in Section
 131 26-18-411.

132 (c) "Medicaid expansion" means an expansion of the Medicaid program in accordance
 133 with this section.

134 (2) (a) ~~[Eligibility:]~~ As set forth in Subsections (2)~~[(a)]~~ (b) through ~~[(2)(d)]~~ **H→ [(e)] (d)**
 134a **←H** ,

135 eligibility criteria for the Medicaid program shall be ~~[maintained as they existed on January 1,~~
 136 ~~2017 and also]~~ expanded to cover additional low-income individuals.

137 ~~[(a) The standards, methodologies, and procedures for determining eligibility for the~~
 138 ~~Medicaid program and CHIP shall be no more restrictive than the eligibility standards,~~
 139 ~~methodologies, and procedures, respectively, that were in effect on January 1, 2017.]~~

140 (b) Notwithstanding Sections 26-18-18 and 63J-5-204, ~~[beginning April 1, 2019,]~~
 141 eligibility for the Medicaid program shall be expanded ~~[to include all persons in the optional~~
 142 ~~Medicaid expansion population under the Patient Protection and Affordable Care Act, Pub. L.~~
 143 ~~No. 111-148 and the Health Care Education Reconciliation Act of 2010, Pub. L. No. 111-152,~~
 144 ~~and related federal regulations and guidance, as those statutory and regulatory provisions and~~
 145 ~~guidance existed on January 1, 2017.]~~ if the department:

146 (i) receives approval from CMS to implement the provisions described in Subsections
 147 26-18-415(2)(b)(i) and (viii);

148 (ii) pays the state portion of costs for any expansion under this section entirely from:

149 (A) the Medicaid Expansion Fund, created in Section 26-36b-208;

181 services on January 1, 2017 (regardless of the manner in which such payments are made,
 182 including in the form of capitation or partial capitation), and that the minimum payment
 183 required by this provision will increase annually at a rate not less than the region's Consumer
 184 Price Index.]

185 ~~[(ii) Payments by the department to accountable care organizations or such other~~
 186 ~~organizations shall be sufficient for the organizations to comply with the provider payment rate~~
 187 ~~requirements of this section.]~~

188 ~~[(c) This subsection (5) shall not apply to physician reimbursement for drugs or~~
 189 ~~devices.]~~

190 ~~H→ [(c) If the department is no longer able to implement a provision described in~~
 191 ~~Subsection 26-18-415(2)(b)(i) or (viii), the department shall roll back all changes in Medicaid~~
 192 ~~eligibility effectuated by a Medicaid expansion no later than the next July 1 after the day on~~
 193 ~~which the department is no longer able to implement a provision described in Subsection~~
 194 ~~26-18-415(2)(b)(i) or (viii):~~

195 ~~—(d) (c) ←H~~ The department shall continue to seek approval from CMS to implement the
 196 provisions in Subsections 26-18-415(2)(b)(ii) through (vii) through a waiver, an amendment to
 197 an existing waiver, or a state plan amendment.

198 ~~H→ [(e) (d) ←H~~ (i) In addition to the provisions described in Subsections
 198a 26-18-415(2)(b)(ii)
 199 through (vii), the department shall seek approval from CMS to administer federal funds for a
 200 Medicaid expansion according to a per capita cap developed by the department that:

201 (A) includes an annual inflationary adjustment;

202 (B) accounts for differences in cost among categories of Medicaid enrollees; and

203 (C) provides greater flexibility to the state than the current Medicaid payment model.

204 (ii) The department may not implement the provision described in Subsection (2) ~~H→ [(e)]~~
 204a (d) ←H (i),
 205 unless the department is able to implement each of the provisions described in Subsections
 206 26-18-415(2)(b)(i), (ii), and (viii).

207 ~~H→ [(f) (e) ←H~~ On or before July 1, 2019, the department shall submit one or more
 207a waivers or state
 208 plan amendments to CMS to implement the following provisions in the Medicaid program
 209 under the Medicaid expansion:

210 (i) for each individual who is newly eligible for the Medicaid program under the
 211 Medicaid expansion: