

Proposal for Waiver Request

Who is covered?

Optional Medicaid expansion population up to 138% of the federal poverty level.

What benefits will Utah provide?

Medically frail individuals in the optional expansion population will receive Medicaid benefits under the current state Medicaid program at the enhanced match rate. (ACO in urban areas, fee for service in rural areas.) The state will develop a medically frail screening tool. A pilot program to integrate behavioral health and physical health for the medically frail will be implemented in selected geographic areas to maximize coordination of care and control costs.

Individuals with an offer of employer sponsored insurance will be required to enroll in the employer sponsored insurance and will receive cost sharing subsidies that may vary depending on whether the person is below 100% of the federal poverty level or above 100% of the federal poverty level. If the employer drops coverage, the individual may not enroll in Medicaid for six months.

Individuals not eligible for employer sponsored insurance who are above the federal poverty level will receive premium and cost sharing subsidies to purchase a commercial insurance plan that is actuarially equivalent to a silver level plan on the federal exchange, plus cost sharing reductions similar to what the individual would receive on the federal exchange.

- An individual will pay a premium contribution up to 2% of income, and cost sharing (deductibles, copays) up to 6% of the cost of care.
- An individual may only enroll in the new Medicaid program during open enrollment or after a qualifying life event.
- If an employer drops employer coverage for its employees, the employees may not enroll in Medicaid for six months.
- An individual is eligible for coverage only after paying the first premium, and may be dropped from coverage if subsequent premiums are not paid within a grace period.
- A plan may not make a facility payment for non-emergent use of the emergency department, and will not pay for non-emergent transportation.

Individuals not eligible for employer sponsored insurance who are below the federal poverty level will receive premium subsidies and cost sharing subsidies to purchase a commercial plan that is actuarially equivalent to a silver level plan on the federal exchange, with maximum cost sharing by the enrollee as allowed by CMS.

- The plan will not make a facility payment for non-emergent use of the emergency department and will not pay for non-emergent transportation.

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Plans for an enrollee who is not eligible for employer sponsored insurance, and who is not medically frail, will be offered on a marketplace (perhaps Avenue H) and will allow broker involvement, including broker compensation, similar to Avenue H, Utah Premium Partnership Program, and plans sold on the federal marketplace.

Keeping Families Together

An individual in the adult expansion population who is enrolled in the expanded access program, but is above the federal poverty level, shall enroll the individual's child into the same insurance plan as the plan selected by the adult, if the child qualifies for Medicaid or CHIP and the child is not medically frail.

An individual in the adult expansion population who is enrolled in the expanded access program, but is below the federal poverty level, may enroll the individual's child into the same insurance plan as the plan selected by the adult, if the child qualifies for Medicaid or CHIP and the child is not medically frail.

Children enrolled in a plan with their parent will receive cost sharing subsidies and benefit wrap-around that is required by CMS.

Seamless Benefit Transition During Implementation

After the state obtains waivers for the expanded access program, a transition plan will be offered while the department develops and implements the new program and funding mechanisms. Eligible individuals who are 0-100% of the federal poverty level will be enrolled in the traditional Medicaid program with the enhanced federal match rate. Individuals 101-138% of fpl will enroll in or remain in the federal marketplace and receive federal cost sharing subsidies with no state matching dollars.

Seamless Benefit Transition if Expansion is Discontinued for Any Reason

An individual who is enrolled in the expanded access program on or before the date the program is discontinued shall stay in the expanded access program as long as the individual remains eligible for the expanded access program, and the state shall continue to receive the enhanced federal match rate for that individual.

An individual who is not enrolled in the expanded access program on or before the date the program is discontinued, who is in the adult expansion population and is above the federal poverty level, will enroll in the federal marketplace with federal premium and cost sharing subsidies with no state matching dollars.

An individual who is not enrolled in the expanded access program on or before the date the program is discontinued, who is in the adult expansion population and is below 100% of the federal poverty level, shall receive an alternative Medicaid benefit.

The alternative Medicaid benefit shall include limited benefits similar to those offered under the Medicaid Primary Care Network waiver, and may include additional benefits if the benefit is prioritized by the department based on a system that evaluates the state budget and the cost and efficacy of the potential benefit.