

Utah's 1115 Medicaid Waiver



Primary Care Network (PCN)

Utah's Uninsured Adults

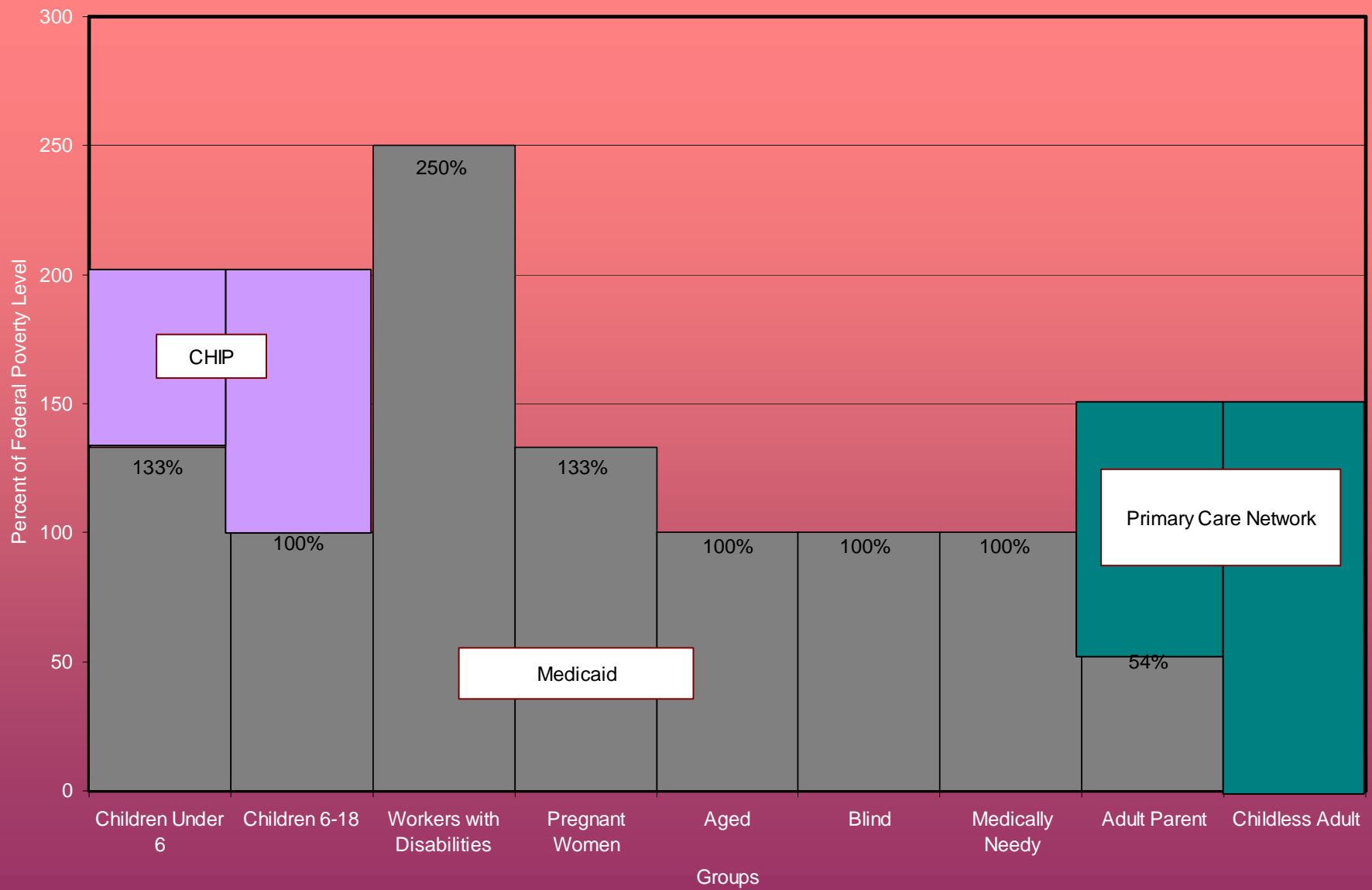
- 12.5% of Utah's adults ages 19-64 are uninsured (182,000 people)
- Half of them have incomes less than 150% of the federal poverty level (\$29,000 annually for a family of four)
- 80% are employed

Initial Program Goals (2001)

- Continue the State's progress in reducing the number of uninsured
- Find a solution to the UMAP (former all-state-funded program) problem
- Stay within available state funding
- Spread existing funding more equitably
- Offer new insurance product
- Obtain additional federal support

Utah's 1115 Medicaid Waiver

- Limited benefits for new Waiver group
- Reduced benefits to some Medicaid clients
- Allowed transfer of state program to Medicaid
- Offered coverage to singles and couples w/o children



Primary Care Network

- Cover up to 25,000 adults under 150% FPL
- Limit coverage to primary and preventive care
- Require enrollment fee, cost sharing with annual cap
- Restrict to uninsured without access to employer sponsored health insurance

Waivers Required for PCN

- Provide limited benefits for new group
- Reduce benefits to some Medicaid clients
- Transfer a state program to Medicaid
- Cover singles & couples w/o children
- Pay all providers the same
- Purchase coverage through employers
(phase 2 – Covered at Work)

Coordination of Care

(for non-covered services)

- Utah Hospitals donate a total of \$10 million annually for inpatient care
- Specialty care physicians donate services through a referral system operated by PCN
- Case managers refer clients to Rx Assistance programs for non-covered prescriptions

Medical Services Covered

- Primary/preventive care visits
- Adult immunizations
- Appropriate urgent care & ER visits
- Lab & X-ray tests
- Basic Dental
- Prescription Drugs (4 per month)

Current PCN Status

- Average 18,000 enrollees
- Accept applications only during open enrollment periods
- Average per member per month cost is \$82
- Pharmacy costs account for half of the monthly costs

Challenges

- Primary care physicians feel pressured/obligated to treat patients for conditions normally referred to specialists
- Hospitals continually concerned about their donation
- Specialty care referrals demands exceed supply, with more difficulty in some specialties