

# UTAH HEALTH POLICY PROJECT

## *HEALTH MATTERS*



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December 14, 2011

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### **MEDICAID BUDGET DECISIONS & MEDICAID REFORMS**

#### **PUTTING THE TEETH BACK INTO MEDICAID: UTAH'S GOOD REVENUE ESTIMATE IS AN OPPORTUNITY TO RESTORE DENTAL BENEFITS**

Did you know that when your teeth and gums aren't healthy the rest of your body probably isn't healthy either? Good dental health—including access to dental care—is vital to overall health. But Utah Medicaid

doesn't cover dental care for adults, leaving a big gap Utah's Medicaid benefits. The **good news** is that Utah's optimistic revenue forecast provides the opportunity to fill that gap. Everyone who works in health care knows we *must* fill it if Utah's Medicaid program is to reap the advantages of the Accountable Care model—a Medicaid system that rewards healthy outcomes (see our brief "[Proceed With Caution](#)" for more information about Utah's Medicaid Reform).

The reason Utah's adult Medicaid recipients need access to dental care is that poor oral health often goes hand in hand with other health conditions like heart disease, diabetes, respiratory disease, and adverse pregnancy outcomes (see the Institute of Medicine's report [here](#)). This means that when adults who are enrolled in Medicaid take care of their teeth and have access to regular dental care they are less likely to develop those costly and potentially life-threatening medical conditions.

**Including dental care** as a Medicaid benefit for adults will **save money** over the long run. Utah Medicaid spent an estimated \$103 million on the treatment of cardiovascular diseases alone in 2007 (see the National Conference of State Legislatures' report [here](#)). In addition, preventable and untreated dental problems drive people to the emergency room—the most expensive place of care. Dental diagnoses are among the top 25 reasons people who receive Medicaid go to the emergency room—it's actually the #1 reason for the uninsured (see the Washington State Hospital Association report [here](#))!

The best part is that when parents take care of their teeth and have good oral health their children are more likely to have healthy teeth and gums themselves. Making sure that Utah adults who receive Medicaid have access to dental care will keep both parents and children healthy, which saves money.

Promoting better health is at the very core of Utah Medicaid's move towards Accountable Care—it's about encouraging the right care, in the right place, at the right time. Dental care provided in a dentist's office –not in the ER— before decay and infection set in—is a critical element of that plan.

#### **WHAT CAN YOU DO TO MAKE SURE UTAH'S MEDICAID COVERS DENTAL CARE FOR ADULTS?**

**Tell your story:** Have you had to go to the ER because you can't afford to go to the dentist and Medicaid doesn't cover dental care? Do you know someone who has? YOU ARE NOT ALONE! Are you on Medicaid and have heart disease, diabetes, or respiratory disease? If so, please contact Kim ([kim@healthpolicyproject.org](mailto:kim@healthpolicyproject.org); 801.433.2299 x26) or (en Español) Luis ([luis@healthpolicyproject.org](mailto:luis@healthpolicyproject.org); 801.433.2299) to share your story.

#### **THE GOVERNOR'S BUDGET RECOMMENDATIONS: MOSTLY GOOD NEWS FOR MEDICAID AND ACCOUNTABLE CARE**

Yesterday's release of [Governor Gary Herbert's budget recommendations](#) marks the beginning of the state's process for determining spending levels for the coming year. **This is the year** to address historically underfunded areas like caseload growth in Medicaid and CHIP, because the latest budget projections show more than \$280 million in ongoing new revenues—and the Governor's budget does just that! It also makes appropriate down payments to facilitate the state's transition to accountable care, including \$8.5 million for [Accountable Care Organization](#) implementation and \$6.5 million for medical school slots. It also includes \$670,000 to develop and implement ACO quality measures and for actuarial services needed to bring all of Utah's Medicaid managed care to the same "fully capitated risk arrangement," which means that they will have the same reimbursement arrangement for serving Medicaid recipients and the right financial incentives to keep their patients healthy while keeping costs down. The only downside to the Governor's budget is that **it does not include [restoration of dental services to Medicaid adults](#)**, ignoring the #1 recommendation of the state's Medical Care Advisory Committee; nor does it consider provider rate increases needed to achieve the medical home or care coordination goals of accountable care. See UHPP's full analysis of the budget, [here](#).

## ON THE FEDERAL FRONT

### **“ALL I WANT FOR THE HOLIDAYS”...IS HEALTH INSURANCE!**

Thanks to the Affordable Care Act (ACA, or federal health reform law) 30 million previously uninsured people in the US will have health insurance! The country’s uninsured rate for children will fall 40 percent, from 7.5 million to 4.2 million, and the number of uninsured parents will decrease from 12.7 million to 6.6 million—a 50 percent decrease (see the [Children’s Health Policy](#) article for more information). This new coverage will come from a mix of new private health insurance coverage (both through employers and through the new insurance “exchanges”) and increased enrollment in Medicaid and CHIP. **But what does that mean for Utah’s children and families?**

The ACA gives Utah the opportunity to cut uninsured rates and cover kids and families with effective and affordable coverage options, but as with most changes of this magnitude, the devil is in the details. Right now 100,500 Utah children and 96,900 parents are uninsured ([Kaiser Family Foundation](#)). If Utah meets the national estimates, more than 90,000 Utah children and parents will be newly insured. One reason Utah has a higher than the national average rate of uninsured children is because 58 percent of Utah’s uninsured children are eligible but not enrolled in public health insurance (see what [Take Care Utah](#) plans to do about this!). Responsible, consumer friendly implementation of the ACA in Utah could mean that 95% of all Utah’s children would be covered, a worthy investment in our children— covered children are healthier children and healthy children are the future of our community. ☺

But for children and families to benefit from the ACA, Utah must embrace *child- and family-friendly* implementation of federal health reform law. Estimates of how many children will gain insurance as a result of the ACA assume a 92.7% participation rate in Medicaid and CHIP. This is possible, as many states have demonstrated, but Utah has some work to do to get there. Utah’s policy makers must make increasing access to health insurance a top priority! That, combined with community efforts to get children and families enrolled will ensure that Utahns have health insurance coverage and access to needed health care.

Utah’s greatest accomplishment in reducing the uninsured rate of children has been the introduction of CHIP’s year around open enrollment (see our brief “[2.4 Cheers for CHIP!](#)”). If Utah’s leaders continue to implement policies like this —helping families that are already eligible for coverage— they will make sure Utah meets its own state health reform goal of covering all children.

### ***WHAT CAN YOU DO TO MAKE SURE UTAH’S LEADERS GET UTAH’S CHILDREN COVERED?***

**Tell your story:** Is your family having trouble enrolling in CHIP or Medicaid? Does your family need health insurance? If so, please contact Kim ([kim@healthpolicyproject.org](mailto:kim@healthpolicyproject.org); 801.433.2299 x26) or (en Español) Luis ([luis@healthpolicyproject.org](mailto:luis@healthpolicyproject.org); 801.433.2299) at UHPP and share your story.

**Tell your story:** If you are in a low-income family that needs help finding health insurance, or know a family that does, please call Randal at (tambien en Español) Take Care Utah at 801-433-2299, or send an email to [randal@healthpolicyproject.org](mailto:randal@healthpolicyproject.org).

Help Utah’s leaders see how important it is to cover Utah’s kids!

## **FEDERAL HEALTH REFORM’S GIFT TO SMALL BUSINESSES: MAKING HEALTH INSURANCE MORE AFFORDABLE**

Did you know that Federal Health Reform Law, called the Affordable Care Act (ACA), helps small businesses right now? If you own a small business, you know how difficult (nearly impossible) it is to include health insurance in your budget.—and the cost of insurance continues to spiral out of control. Premiums for employer-sponsored health coverage have more than doubled over the last decade. The ACA includes many provisions to help insurance become more affordable for small businesses, including the tax credit available right now for small businesses that provide insurance for their employees. You can try out UHPP’s “Business Group on Health’s” online [tax credit calculator](#) to see if your small business qualifies.

In addition, states will create a Small Business Health Option (SHOP) insurance market place that pools risk and purchasing power for small businesses (Utah’s Health Exchange doesn’t do this yet, and will need some tweaking to be fully federally qualified) and federal rules require that insurance companies limit the amount of your premium dollar that can go to administrative costs (known as the “Medical Loss Ratio”). For more information about how the Affordable Care Act will help your small business see the report by the Small Business Majority by clicking [here](#). For more information and resources for small businesses visit their website [www.smallbusinessmajority.org](http://www.smallbusinessmajority.org).

**Tell your story:** If your small business is struggling to offer health insurance or simply can’t afford to, or if your small business is benefiting from the tax credit, share your story and help UHPP work to help bring the costs of health insurance down! Call Shelly or Luis at 801-433-2299 or email at [shelly@healthpolicyproject.org](mailto:shelly@healthpolicyproject.org) or (en Español) [luis@healthpolicyproject.org](mailto:luis@healthpolicyproject.org).

## **ON THE STATE FRONT**

### **UTAH PREMIUM PARTNERSHIP: HELPING UTAHNS AFFORD INSURANCE THROUGH THEIR EMPLOYERS**

Utah’s employees need quality, affordable health insurance! The Utah Premium Partnership helps low income adults and families with children pay their employer sponsored health insurance premiums. You might qualify if you have been without insurance for the past 3 months, you have an offer of insurance at your place employment, and your income is 150% of the Federal Poverty Level (FPL) or less. Your children might qualify if your income is 200% of the FPL or less. For more information about Utah’s Premium Partnership call 1-888-222-2542 (Monday – Friday, 8a.m. - 5 p.m.) or visit the UPP website at <http://www.health.utah.gov/upp/>.

**Tell your story:** If you have an offer of employer sponsored insurance but it’s simply too expensive for your family and you’d like to share your story with UHPP, call Shelly or Luis at 801-433-2299 or email at [shelly@healthpolicyproject.org](mailto:shelly@healthpolicyproject.org) or (en Español) [luis@healthpolicyproject.org](mailto:luis@healthpolicyproject.org).

## **ON THE QUALITY/EQUALITY FRONT**

### **THE GIFT OF HEALTH: TAKE CARE UTAH IS HELPING UTAHNS GET HEALTH INSURANCE**

Today, over 1 million more children in the U.S. have health insurance than did just 3 years ago! Thanks to CHIP (the Children’s Health Insurance Program), Utah has also seen a 33% decline in uninsured kids since 2006 (see our brief “[2.4 Cheers for CHIP!](#)”). However, Utah’s rate of uninsured children is still above the national average (see [Georgetown’s report](#)). Even with Utah’s success there’s a lot of work to do to insure children and make sure they have access to quality, affordable health care. Fifty-eight percent (that’s 58,290 children!) of Utah’s uninsured children are **eligible for CHIP or Medicaid but simply not enrolled**. Parents may not know what qualifies their children for these public health insurance programs and the enrollment process can be complicated and difficult to complete.



Recognizing these barriers, Take Care Utah (a program of the Utah Health Policy Project, the United Way of Salt Lake, and 2-1-1) is partnering with various organizations around the state to help families get –and keep— affordable health care coverage and navigate the health care system wisely. Take Care Utah can help families apply for Medicaid or CHIP or find other ways to get health insurance and access to health care.

Over the next few years families will find it easier to qualify for affordable health care coverage—thanks to federal health reform law. For example, the ACA reduces barriers to enrollment for children by simplifying Medicaid categories, eliminating the asset test, and raising the eligibility level for Medicaid to 133% above the poverty level. Take Care Utah staff assists families, not only helping them enroll their children into the right health insurance, but doing everything possible to get parents health insurance coverage too. Take Care Utah staff also answers questions about how the Affordable Care Act affects Utahns. The Affordable Care Act is the law, and Take Care Utah is here to provide information and assistance to Utah’s families, giving peace of mind to the Utahns that need help most.

Just as important, Take Care Utah is in position to learn directly from families and communities about how all of the reform changes are working. Where we see a need for stronger policies or for a more simplified enrollment process, Take Care Utah will be there to make the case, *side-by-side with families and communities in need*.

**Tell your story:** If you are in a low income family that needs help finding health insurance, or know a family that does, please call Randal (tambien en Español) at Take Care Utah: 801-433-2299, or send an email to [randal@healthpolicyproject.org](mailto:randal@healthpolicyproject.org).

### **JUST WHAT UTAH NEEDS THIS HOLIDAY SEASON: OPPORTUNITIES TO IMPROVE HEALTH EQUITY FOR UTAH’S DIVERSE COMMUNITIES**

Utah’s ethnic minorities are more likely to be uninsured than other Utahns. Utah’s diverse communities make up about 16 percent of Utah’s population but over 31 percent of the state’s uninsured! This and other telltale disparities, like the rates of obesity and lack of prenatal care in Utah’s ethnic minorities (see the health department’s data [here](#)) raise the stakes for health equity efforts on the federal level, like [Healthy People 2020](#) (the nation’s health promotion framework) and the [National Partnership for Action](#) (the Federal Office of Minority Health’s blueprint for ending health disparities). Utah also has a plan to address these unequal rates of health and health care (you can see it [here](#)), but with all the difficult recent developments in our state (closure of ethnic affairs, anti-immigrant legislation, the creation of Office of Health Disparities Reduction in place of Center for Multicultural Health), just what is Utah’s appetite and where is the leadership and momentum to sustain action to improve health equity? And, to truly get underneath disparities, it is necessary to address the *social determinants of health (SDH)*—where should Utah focus its limited resources?

The social determinants of health are the social and economic resources we may or may not have available in our homes, neighborhoods, and communities, for example: access to quality education from early childhood to college; access to affordable and nutritious food, clean water, and breathable air; and access to supportive and nurturing relationships. These are the conditions in which we live and work, and they help explain why some people are healthier than others and why the U.S. ranks 37th in international health rankings. For once [scholars](#) and activists agree: **real progress on health disparities is not possible until we close the gaps on the social and economic conditions of our lives.** But where do we begin?

The good news, just in time for the holidays, is that Utah has two initiatives to reduce health disparities by addressing the social determinants of health:

- Utah has a new [Multicultural Commission](#) and its 5 subcommittees: corrections, education, economic development, creative partnerships, and health. To really make a difference in the health of our communities, Utah needs just this kind of cooperative approach to closing basic economic inequalities, and the health disparities that come from them. The Multicultural Commission is configured to encourage collaboration between different government entities and to engage the private sector—but it all depends on the people of Utah and Utah’s health care advocates to set high expectations and bring them to the table.
- The new [Health Disparities Council](#) will advise the Utah Department of Health at every level in its efforts to reduce health disparities based on race/ethnicity, geographic location, and other factors (learn more at: <http://health.utah.gov/disparities/index.html>). At their first meeting last week we talked about working with the Multicultural Commission to help the Commission identify measures and policies to improve the social determinants of health. This group will meet monthly until it has a solid plan of action, and then quarterly.

#### **WHAT CAN YOU DO TO REDUCE HEALTH DISPARITIES IN UTAH?**

**Lend your voice:** To help frame these opportunities to reduce health disparities and learn how to make the most of Utah Medicaid’s emerging transition to accountable care, come to the UHPP summit, ***Bringing the Pieces Together for our Communities: December 15<sup>th</sup> 9:00 AM to 2:30 pm*** at (location given with RSVP to [volunteer@healthpolicyproject.org](mailto:volunteer@healthpolicyproject.org)). **Register right now: there are only 2 seats left!**

**Tell your story:** If you are member of one of Utah’s diverse communities and want to share your health care story to help our leaders understand your health care issues, please contact Kim ([kim@healthpolicyproject.org](mailto:kim@healthpolicyproject.org); 801.433.2299 x26) or (en Español) Luis ([luis@healthpolicyproject.org](mailto:luis@healthpolicyproject.org); 801.433.2299) at UHPP.

## **ANNOUNCEMENTS**

### **STAFF TRANSITION AND NEW BEGINNINGS**

After more than four years of dedicated service, Stacey Earle leaves her post as UHPP Operations Manager for a similar opportunity at United Way of Salt Lake. We wish her all the best and thank her for her outstanding contributions to UHPP operations and financial management. Please join us in welcoming two new members to the UHPP team: Luis Garza, our new Community Engagement Director, and Tara Maher, our Operations and Development Manager.

#### **Luis Garza, Community Engagement Director:**

Luis brings years of grassroots and community organizing experience to UHPP. Over the past few years Luis has been working diligently to facilitate access to health care and reduce health disparities for low-income minority groups in Utah. He has successfully devised and implemented field outreach, capacity building, and public education campaigns. Luis has Bachelor’s degrees in Economics and International Relations with a minor in Business. He recently received a Master’s degree in Public Administration from the University of Utah. In his free time Luis likes to dance, cook, and participate in community activities.

#### **Tara Maher, Operations and Development Manager:**

Tara brings a combination of experience to UHPP from the healthcare, sustainability, and nonprofit sectors. She has a BA from the University of California Santa Cruz in Environmental Studies with an emphasis in Community Organizing and Education. She helped open and run a nonprofit private school for five years. She also worked for a healthcare provider, which increased her knowledge of the healthcare system. She is passionate about helping all people have access to affordable, quality healthcare. As someone who cares for the environment, her vision of sustainability includes the integration of social and cultural well being into the sustainability analysis. She sees a vibrant, accessible healthcare system as the heart of a sustainable society. Her interests include medicinal herbalism, dance, and green design.

We know you will all enjoy working with these two passionate and capable members of our team.

**UHPP SUMMIT: “BRINGING THE PIECES TOGETHER FOR OUR COMMUNITIES”**

**December 15<sup>th</sup> 9:00 AM to 2:30 pm**

Location given with RSVP to [volunteer@healthpolicyproject.org](mailto:volunteer@healthpolicyproject.org).

**Register right now: there are only a few seats left!**

Help frame Utah’s opportunities to reduce health disparities and learn how to make the most of Utah Medicaid’s emerging transition to accountable care.

**WITH SO MUCH AT STAKE FOR HEALTH REFORM IN 2012-WE ASK YOU TO CONSIDER A GENEROUS YEAR-END GIFT TO UHPP**

It takes a while for philanthropies to recover from economic downturns, and this is because they are typically faced with pent-up demand for services. We’re looking at the challenges of 2012 (the Supreme Court’s decision on the constitutionality of reform in the Spring, the election, the deadline for states to prove readiness to operate the new Exchanges, the roll out of accountable care in Utah, and more), and we’re thinking (holy cow! and...): we don’t have time to wait for new grant opportunities!

As you can see from this and recent issues of Matters, our mission is on fire. If there is any group in Utah that is prepared to make the most of our once-in-a-lifetime opportunity to create a more responsive and accountable health care system, that’s the UHPP.

Why do good people from across the political spectrum give to UHPP? Because we’re not afraid to stand for real, financially sustainable health system reform. We’ll work with good ideas from both sides of the aisle because families can’t wait. Small businesses can’t compete in today’s economy without serious relief from rising health care costs.

Please watch your mailbox for our year-end appeal letter. Or, if you like, you can donate online right from our website: click [here](#) to make a safe, online donation.

We hope you will consider a generous year-end gift so we can keep the pressure on for real reform and help families get the care they need to lead healthy lives.

From all of us at UHPP: we wish you happy holidays and good health and prosperity in the coming year!

