

UTAH HEALTH POLICY PROJECT

HEALTH MATTERS



Health Matters E-Newsletter

October 18, 2011

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EN ESPAÑOL: La Ley de Salud Economica: Qué beneficios hay para los Inmigrantes de Utah? (Affordable Care Act: How are Immigrants in Utah Impacted)

MEDICAID BUDGET & MEDICAID REFORMS

SOCIAL SERVICES APPROPRIATIONS COMMITTEE ON 10/20 TO FRAME DECISIONS IN 2012 GENERAL SESSION

You will want to make every effort to attend Thursday's special all-day, off-site (Davis County) sessions scheduled for this committee, starting at 8:00 AM (Davis Local Health Dept), with a break for lunch, and picking up again at 1:00 pm at the DWS office in Clearfield. Get both packed agendas [here](#).

It's no mystery why the SSA (Social Services Appropriations) Committee is assessing the strength of the safety net at this time: some members are looking ahead to a still shaky revenue outlook for the 2012 session and want to learn more precisely where they might shrink the role of government in addressing human needs. Others, noting the mounting pressures to fund public education and other worthy line items, may be looking for better control and more data to drive budgetary decision-making. No matter what the motives, **we should be thankful for the opportunity to frame the issues and choices before the SSA!**

The SSA Chairs have requested that *individuals with experience receiving, applying for, or providing services to low income people* share what is working well and what is not for low income individuals. **The fiscal analyst compiled a list of the entire safety net and invited all of these agencies to testify.** If your agency is on the list, please make every effort to attend. If you provide any [health](#)-related services, please touch on the importance of full funding for Medicaid and touch on the principles and recommendations below for sustaining the state's investment in the program.

This year's draft principles are threaded through the current Medicaid "moment" (payment and delivery system reforms and more fraud to go after) to help you flesh out the need for **full Medicaid funding and cost containment measures to sustain worthy Medicaid investments.**

Draft Principles (to be refined at CRITICAL Utah Medicaid Partnership meeting on Tuesday 11:00 AM Catholic Diocese):

1. **The structural deficit should be addressed, but not all at once** and not at the expense of Medicaid, which supports decent local jobs and, by virtue of the infusion of federal dollars, serves as an economic driver. In meeting health care needs that would otherwise go unmet, Medicaid is all about cost avoidance.
2. To limit growth in Medicaid spending, **dig deeper into payment and delivery system reforms...**
 - draw on local expertise to develop outcome measures and standards for evidence-based care. One year past passage of SB180, Utah has yet to start down this path.
 - maximize federal opportunities, such as medical home demonstration grants, to go after the big cost centers in Medicaid: treatment for two or more chronic conditions and dual eligibles.
 - Embrace initiatives to integrate mental health care in primary care settings—why wait when the *status quo* is so expensive?
3. In the meantime, **maximize cost containment opportunities in Medicaid:**
 - Build the necessary safeguards and grandfathering provisions to expand the preferred drug list to certain psychiatric medications.
 - Develop legislation to adjust or vary the hospital payment to reward hospitals' efforts to minimize preventable hospital re-admissions and patient complications. Savings in the tens of millions can be realized in 6 months or less.
4. Leave no stone unturned in addressing **waste, fraud, and abuse within Utah Medicaid...**
 - Enact SBXXX (Sen. McAdams) False Claims Act (*Qui Tam*) to engage upstanding citizens and the private sector in reporting fraud and abuse.

- Make sure the Department of Health has adequate staff to detect and prevent waste and fraud—right now they don't.

5. **Recognize Medicaid's value and role as a critical safety during the jobless economic recovery.** Tax revenues follow the business cycle, but countercyclical programs like Medicaid naturally grow as unemployment rises, incomes fall, and job based insurance declines. Medicaid and CHIP are needed now more than ever to help families get back on their feet.

Thank you and see you TODAY & Thursday!

ACCOUNTABLE CARE INTENSIVE WORKSHOP

Check out the [Proceedings from our recent intensive workshop on accountable care](#) (ACOs are groups of health care providers who agree to be held accountable for improving health care quality while lowering costs). The purpose of the workshop was to strategize (via common vocabulary, shared concepts, lessons from Utah and elsewhere) how to pivot from the waiver to a meaningful transition to accountable care & payment/delivery system reform.

MAKING THE MOST OF THE OCTOBER INTERIM SESSION

EXECUTIVE APPROPRIATIONS (LEADERSHIP)

Meets Tuesday, October 18 1:00 PM in room 445 State Capitol.

The committee will be discussing the eligibility determination study and impacts of Federal deficit reduction actions, among other topics. For more information click [here](#).

HEALTH + HUMAN SERVICES (HHS) INTERIM

Meets at 9:00 am on Wednesday, October 19 in Room 20 of the House (West) Building. The committee will be discussing Medicaid provider cost control (by this they mean fraud prevention and detection) and results from the Medicaid/CHIP eligibility determination study that was required by HB174. Please note: this study is likely a preliminary step to this year's effort to privatize Medicaid eligibility (again). UHPP remains opposed to this idea—see our [brief on HB174](#).

BUSINESS + LABOR INTERIM

There are no health-related issues on the agenda this month.

HEALTH SYSTEM REFORM TASK FORCE

Meets Wednesday, October 19, 2-5 PM in Capitol Bldg, Room 450.

The Task Force will be discussing Utah's response to federal rulemaking and Health Exchange governance. You can learn more about governance [below](#). For more information click [here](#).

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE

See [above](#).

ON THE FEDERAL FRONT

ESSENTIAL HEALTH BENEFITS

The Affordable Care Act (ACA) will expand health coverage to millions of uninsured people—beginning in 2014 many will get insurance through health insurance marketplaces (called “exchanges”). The law requires that insurance plans sold in the health insurance exchanges have a minimum, or essential, set of benefits so consumers will be able to have confidence that they are buying a quality health insurance plan. Department of Health and Human Services (HHS) is charged with defining the Essential Health Benefits, and the Institute of Medicine (IOM) has captured the basic issues in deciding what should be included in these benefits in their report [Essential Health Benefits: Balancing Coverage and Cost](#). The report defines the issues and outlines solutions, including the criteria used to define and update the essential health benefits.

The ACA requires that essential health benefits include at least 10 general categories with benefits similar to those available in insurance plans through an average employer. The 10 categories include:

Emergency Services	Ambulatory Patient Services
Hospitalization	Maternity and Newborn Care
Mental Health & Substance Use Disorder Services	Prescription Drugs
Laboratory Services	Rehabilitative/Habilitative Services and Devices
Preventive/Wellness Services and Chronic Disease Management	Pediatric Services (including oral and vision care)

The struggle comes in shaping a set of comprehensive benefits that will ensure access to needed quality care while keeping the plans affordable. HHS has asked the IOM to recommend a process to help HHS define essential health benefits and a process to update the package as necessary over time.

The IOM recommends that the framework for forming the package would:

- Consider the populations’ health needs as a whole
- Encourage better care by ensuring good science is used to inform practice decisions
- Emphasize judicious use of resources
- Carefully use economic tools to improve value and performance

The IOM also makes the following recommendations:

- Encourage public involvement in defining and updating the Essential Health Benefits package
- Ensure appropriate care
- Promote state-based innovations
- Update package annually to ensure effectiveness and sustainability

While the task of defining and Essential Health Benefits package is not easy, we can all look forward to working with HHS to ensure a consumer friendly *and* affordable package set. The expectation is that HHS will put forward a proposal before the end of 2011 and a final decision sometime mid-2012.

RESOURCES:

<http://www.iom.edu/Reports/2011/Essential-Health-Benefits-Balancing-Coverage-and-Cost.aspx>

<http://www.iom.edu/~media/Files/Report%20Files/2011/Essential-Health-Benefits-Balancing-Coverage-and-Cost/essentialhealthbenefitsreportbrief.pdf>

KEEPING SCORE ON FEDERAL HEALTH REFORM CHALLENGES

Since the Affordable Care Act (ACA) was passed into law in March 2010 there have been many lawsuits filed challenging the constitutionality of various pieces of the law. Many of these lawsuits have been dismissed; 3

have upheld the constitutionality of the mandate; and 3 have found it unconstitutional. Three of these cases have now been heard in appeals courts with decisions remaining split.

Utah is part of the *Florida v. HHS* court challenge, which was heard in the 11th Circuit Court of Appeals. In this decision the court found the Medicaid expansion to be constitutional but ruled the individual mandate to be unconstitutional. Importantly, they did not hold up the severability ruling —meaning that the entire law should remain valid in the event that the individual requirement is struck down.

The Obama administration chose to ask the Supreme Court to *grant cert* in the *Florida v. HHS* decision, meaning it becomes almost guaranteed that the court will hear the case sometime early to mid-2012 with a decision around the same time. This means that 2012 is a very important year in determining the future of the ACA between the Supreme Court decision and the 2012 presidential elections.

RESOURCES

<http://acalitigationblog.blogspot.com/>

<http://www.healthreformgps.org/resources/update-legal-challenges-to-the-affordable-care-act/>

ON THE STATE FRONT

GOOD GOVERNANCE: WHO IS KEEPING AN EYE OUT FOR YOU?

Who is watching out for consumers as Utah's policymakers begin to make the foundational decisions about the American Health Benefits Exchange (the insurance market place for people don't have employer sponsored insurance)? The **most important thing** that can (and should) be done first is to establish a governing structure that **includes strong consumer input** and **keeps big money interests out**. Can you trust insurance companies to make good choices for you and your family? Can you trust anyone who will earn money through the AHBE to make sure it is structured in a way that protects consumers?

Changing the way people get health insurance is a key part of health reform. Beginning in 2014, people who don't have an affordable offer of health insurance through their employer will be able to buy individual policies through the American Health Benefits Exchange, or AHBE.

This is how it will work: individuals will fill out one simple online application through the AHBE. Then, based on a few general categories like geography and income, individuals will learn which health insurance products and cost-supports are available to them—both public and private: like private insurance plans, Medicaid, CHIP, and advance premium tax credits (help paying the cost of the monthly premiums, also known as premium subsidies). Individuals will then be able to decide which option works best for themselves and their families and enroll right there, in the AHBE. It's really a health insurance marketplace.

This health insurance marketplace will be one-stop shopping for people who don't get affordable insurance through their employer.

States have to make a lot of decisions about how they want to run their insurance marketplace (AHBE)—the federal law gives states a lot of flexibility—and they need to make them soon. Choice have to be made about the quality of insurance products offered for sale, about measures to keep prices down, about how to make

sure people who don't use the internet or don't have regular access to it can shop there, about how to assist people so they can make informed and prudent choices—including people who are just learning English or don't yet speak it very well, people with disabilities, and people whose family income jumps around a lot and will be moving back and forth between private and public health insurance.

Utah's insurance marketplaces need **good governance** that includes strong consumer input balanced with appropriate expertise. Uninsured individuals, underinsured individuals, employees of small businesses, small business owners, and people who represent the diversity of our community must have a voice if Utah is serious about solving our health insurance problems—problems of access, cost, and quality, all of which are rooted in insurance which is too expensive today.

But are Utah's leaders taking this seriously? Evidently not, considering the recent "surprise" change in how Utah's Health Exchange (UHE), the insurance market place for small businesses, is governed. In August, Dr. Norm Thurston (the governor's health reform director) and Patty Conner (the UHE director) announced to the U-SHARE coalition that the UHE Advisory Board had been dissolved and replaced with a 4-part advisory structure: 2 closed door separate "round tables," one for insurers and one for brokers; an *ad hoc* consumer advocate group (not yet formed); and an Executive Steering Committee (ESC). The ESC *technically* fills the same seats as required in statute for the Utah Health Exchange Advisory Board (the one that was recently dissolved), but fails to fill the statute in spirit. The individuals chosen to represent consumers by filling the "community-based non-profit organization" seats are top level executives, far removed from working with consumers. IHC's Senior VP (Greg Poulson), University of Utah's CFO (Gordon Crabtree), Health Insight's CEO (Marc Bennet), and Leavitt Partner's CEO/ Salt Lake Chamber's Health Committee Chair (Rich McKeown) fill the "community-based non-profit" *consumer advocate* seats of the new ESC. While each brings a certain expertise to the table, *how far removed are they from the on-the-ground issues and interests of consumers*—that is, Utahns who are uninsured, underinsured, or get insurance through the UHE? Do they represent you? In addition, executives of two big health care providers have an obvious conflict of interest with consumers.

This is not true consumer representation.

Utah consumers and consumer advocates deserve to have a voice in Utah's health reform and decision making on the Exchanges. Are you interested in helping?

- **Tell your story:** UHPP will listen and help you see how you can make a difference. Call 801 433 2299 or email Shelly at shelly@healthpolicyproject.org
- **Offer to serve as a consumer voice** on Utah Health Exchange advisory committees. Let Shelly know if you want to do this. Call 801 433 2299 or email at shelly@healthpolicyproject.org
- **Contact your representative:** call or email your representative and let her or him know that you want *good governance* for Utah's insurance marketplace (both the AHBE coming in 2014 and in Utah's Health Exchange, already in operation for small businesses). Find your legislator [here](#).
- **Attend the Health System Reform Task Force meeting** Wednesday, October 19 from 2:00-5:00 in Capitol 450—they'll be discussing governance. If you can't attend you can listen in real time at <http://le.utah.gov/asp/interim/Commit.asp?Year=2011&Com=TSKHSR>.

Good governance is essential to solving our health system and access problems through the private market.

ON THE QUALITY/EQUALITY FRONT

myCase (CONSUMER'S INTERFACE WITH UTAH'S ELECTRONIC ELIGIBILITY SYSTEMS) TRAINING

UHPP, along with partners United Way and Utahns Against Hunger, recently hosted a MyCase training and feedback discussion with DWS. DWS presented MyCase in its current form and engaged with advocates in discussion about the next steps in an ongoing process to make it more consumer friendly and integrate it into how DWS and consumers do business.

DWS has faced budget cuts for several years in a row. At the same time, demand for services that DWS provides and supports has risen in the face of a struggling economy. Due to staffing cuts, service efficiency for consumers has become a greater problem— including phone wait times of 45 minutes and more. One route DWS is taking to address this is by providing an online customer interface with cases, MyCase: <https://jobs.utah.gov/liferay/>. Here consumers have access to case information such as case status, review notices, review forms, case changes, and more for programs such as Medicaid, CHIP, TANF, SNAP and General Assistance.

For full minutes on the training and discussion including instruction on the use of myCase click [here](#).

ANNOUNCEMENTS

UMP MEETING TODAY!

(USHARE will not be meeting on 10/18—stay tuned for further info on next meeting)

WHAT: Utah Medicaid Partnership Meeting- State Priorities Meeting

- Welcome/Introductions (5min)
- Common messaging platform for Social Services Appropriations Hearing 10/20/11 (20 min)—see above and [Draft Principles](#)
- Quick Update on Waiver Negotiations between State and CMS (10 min)
- Priorities and Medicaid Budget Strategies for General Session 2012 (45 min)
- Next Steps and Wrap Up (10 min)

WHEN: Tuesday October 18th 11:00 to 12:30

WHERE: Catholic Diocese of SLC

27 C Street SLC, UT in the Bishop Federal Room (downstairs room)

You can find directions [here](#).

Additional Information:

- Social Services Appropriations is meeting Thursday October 20th for public input on Utah's Low Income Safety Net. We will meet to discuss a common platform for messaging. You can find the agenda for the Social Services Appropriations hearing here: <http://le.utah.gov/asp/interim/Commit.asp?Year=2011&Com=APPSOC>
- The instructions regarding signing up for testimony are as follows: *Public input is tentatively scheduled to start at 2 p.m. Please contact Debbie Benson before 2 p.m. Monday, October 17th at 801-538-1034 if you wish to be considered for public comment.*
- **Please bring your personal or organizational priorities and budget for the 2012 Legislative Session for discussion.**

EN ESPAÑOL: [La Ley de Salud Economica: Qué beneficios hay para los Inmigrantes de Utah?](#) (Affordable Care Act: How are Immigrants in Utah Impacted?)

Ve nuestra nueva información acerca del impacto de la Nueva Ley de Reforma de Utah en los Inmigrantes de Utah.

Check out our new fact sheet on the impact of the New Utah Reform Law on Utah's Immigrants.

To Your Health!