

Big Changes Coming Up for Uninsured, Under-insured, and Medicaid Clients:

How Can You Help?

Since the historic passage of federal health reform last March, the Utah Health Policy Project is all about making the new health reform law work for Utah. As Utah's 'Implementation Station' we are here to help you (and your clients) make sense of it all: to determine how—and when—the reforms will bring added security and better health care to Utah residents.

Today we are asking for your input on a key building block of federal reform implementation: a 'no wrong door' approach to outreach, enrollment support, consumer health assistance, and navigation.

Please take a moment to complete a survey (link below) so that we may recognize all the current work that is being done in this area. Included in the survey is an opportunity for you and your agency to indicate your level of interest in participating in the network as we move forward.

Take the survey by clicking [here](http://www.surveymonkey.com/s/5RLMTSK): <http://www.surveymonkey.com/s/5RLMTSK>. The survey is open until July 30, 2010. Feel free to circulate this invitation to other human service providers.

Our next step will be to compile the information and share the results with you all and include them in the final version of our [report](#) (see Executive Summary below).

Thank you for your time and support as we move closer to the goal of affordable, quality health care for all Utah residents!

EXECUTIVE SUMMARY (FROM CONSUMER HEALTH ASSISTANCE & NAVIGATION FOR THE AGE OF REFORM: DESIGN CONSIDERATIONS AND RECOMMENDATIONS FOR UTAH)

Across the land, Utah is known for its delivery of high-quality, cost-effective health care. Life is good for those whose health care coverage gives them access to this excellent care: They can sleep better at night knowing they will get good care when they need it. Yet, too many Utahns are not able to benefit from our community's state-of-the-art health care. Some feel pretty healthy now, so why should they enroll in their employer's health plan? They have better things to spend their money on than their part of the premiums. Others may be one diagnosis or accident away from financial ruin, without even knowing it. Low-income families eligible for Medicaid may not be in a place in their lives where they can appreciate the benefits of coverage. They may have so much stress in their lives that they will risk going without.

The new federal health reform law changes all of this—and, we think, for the better. It begins with the fundamental premise that everyone should have affordable health care coverage, and not only for their benefit, but for the benefit of the entire society. Covering all Americans is the only way to avoid the staggering cost, not to mention waste, of delaying care until folks show up in the emergency room, at which point their treatment options have often become frightfully limited. Last year CHIPRA (Children's Health Insurance Program Reauthorization Act) started us down this path by giving states every possible incentive to cover most of their kids.

Like CHIPRA which came before it, the federal reform law will bring just about every American into the system by making decent coverage affordable on the private market; expanding Medicaid for those without a reasonable offer of coverage at work; and mandating a minimum level of coverage for those who can afford it. But implementation of the new expansions and mandate will be tricky in places like Utah, where so many are not enrolled in plans for which they already qualify now. An estimated one-third of our uninsured are eligible for public programs but not enrolled; another one-third are the so-called 'young immortals:' they could possibly afford coverage but nonetheless choose to go without. How can we bring newly eligible Utahns into the system when we can't even cover those eligible now? And once they are in the system, how do we know they will get the care they need? The reforms will bring new consumers into a system riddled with difficulties, for example:

- Denials of care, treatment, and services;
- Delays in getting care;
- Lack of access to specialty care or primary care providers;
- Inappropriate or inadequate care;
- Lack of understanding about how the health care system or coverage works.

Now is the time for a coordinated effort around eligibility and consumer health assistance, and navigation in Utah. Right now this capacity is weak and disjointed, to say the least. Most of the coverage expansions do not happen until 2014; but before we kick back, we must consider that we stand a better chance of getting these new expansion groups covered if we puzzle out the enrollment and navigation challenges now, for those currently eligible.

This report proposes a public-private sector partnership dedicated to helping all Utahns make sense of and navigate their choices for coverage and care. What we need is a "no wrong door" approach: Human service agencies need proven tools and incentives to help their clients get and keep coverage. Consumers need a specialized, independent helpline to help them navigate coverage choices and assist with appealing denials of claims.

Finally, and perhaps most importantly, Utah's CHAP must do more than assist individual consumers, a "bottomless task;" it must analyze broad trends in consumers' problems in order to identify and fix systemic weaknesses for the eventual benefit of all consumers. These and other recommendations are based on best practices around the nation and on an assessment of current capacity and strengths here in Utah.

[Read the full discussion draft of our Consumer Health Assistance & Navigation for the Age of Reform: Design Considerations and Recommendations for Utah.](#) Also see the Executive Summary below.

You can help Improve Utah Medicaid!

With ever-increasing costs and concerns about quality and efficiency within Medicaid, Senate President Michael Waddoups and House Speaker David Clark, have asked the community for input on how Utah's Medicaid program can be improved. Please note: **Input will be collected through a survey tool through July 31.** The Utah Health Policy Project has prepared a report, [Improving Medicaid in](#)

[Utah, Controlling Costs while Improving Health Outcomes](#) to help answer the legislature's concerns and guide the community in their response.

Utah Medicaid is in desperate need of ideas to control costs and improve health outcomes. Currently, the program is severely underfunded. Enrollment has grown by over 70,000, to 225,000 over the last two years. All of this growth has been funded using one-time resources, and no ongoing tax revenue has been identified to pay for these enrollees in future years. Compounding Medicaid's funding challenges is federal health reform's requirement that Medicaid provide coverage to *everyone* with household income less than 133% of federal poverty starting in 2014. This is a major change for Utah Medicaid, which has to this point primarily served children and people with disabilities. Given the generous federal match rates set aside for the coming Medicaid expansions (the feds will pay 100% of Utah's costs in 2014, decreasing to a perpetual base of 90% in 2019), it will never been more cost effective for the state to extend health coverage to its uninsured low-income adults; however, this expansion still comes at a significant cost. Beginning in 2014, when the Medicaid eligibility expansion begins, Utah Medicaid is expected to grow by 110,000. In addition to the expansion to new populations, this growth is driven by the 'woodwork effect.' Due to the individual mandate and the culture of coverage the reform creates, states like Utah, who have relatively low participation in their current programs, will see many of their currently eligible, but not enrolled residents' who sign up for coverage. Utah will have to cover its usual portion of the cost (about 30¢ on every \$1) for these, the estimated 60,000 "currently eligible" Utahns, who enroll due to reform. Regardless of the sudden pressure on the state budget, we view this is a worthwhile and necessary expense: these individuals should have been covered all along and it's about time we got them into the system. The Utah Department of Health estimates the state's share of the enrollment growth will be \$37 million in 2014, increasing to \$125 million by 2020. This growth in enrollment and costs demands that we do things differently. Fortunately, there are many things the state can do that will both help control costs and improve health outcomes of Medicaid clients.

State leaders should consider payment methods known to bring down costs while improving the quality of care. The Medicaid benefit package should include all medically necessary care along with services like dental and vision care that will maximize integration in the workforce and independent living. The point we should drive home in the survey is that the state has myriad options to make Utah Medicaid work better for both clients *and* taxpayers.

We need your help to help make the legislature aware of what these options are! The President and Speaker's survey is open and waiting for *you* to share *your* input. Please read our report and provide the legislature your ideas [here](#) by July 31, 2010.

Monthly Meeting to Discuss DWS Immigrant List Incident Wednesday, August 4th, from 1 to 4pm

Monthly Meeting provides the community with an opportunity to discuss issues and concerns directly with state officials. Given the monumental changes to be introduced by federal health reform, these dialogues will be critical to ensuring that health reform is implemented effectively.

Unfortunately, [the recent incident dealing with the illegal compilation of a list of Hispanic residents](#) by a few DWS employees have given us much to discuss. The Department of Workforce Services and Department of Health will present information about how private data is kept secure; and what the state is doing to strengthen its privacy safe guards so the public knows their information is secure. We will then discuss how DWS can regain the trust of mixed citizenship families so they feel safe applying for benefits and services for qualified citizen family members.

In addition, we will follow up on last month's discussion on changes coming to Medicaid as part of federal health reform. This month we will be looking at new payment methodologies like accountable care organization, Medicaid managed care, and global payments.

You can help the state with these difficult issues by attending the next **Monthly Meeting on Wednesday, August 4th, from 1 to 4pm** at the Utah Department of Workforce Services, Room 157, 1385 S. State Street, Salt Lake City,.

Past meeting agendas, minutes, and material can be found at:

<http://www.healthpolicyproject.org/MMeeting.html>

Implementation Oversight WorkGroup of Reform Task Force Meets August 5th

Don't miss the 1st meeting of the Implementation/Oversight (IO) Workgroup of the State Health Reform Task Force.

When: August 5th 1:00-4:00 PM

Where: W325 House Bldg

Now is the time to create lines of connection and accountability around efforts to implement federal health reform at the state level. At the moment, the IO Workgroup may be the best mechanism we have to give input to the state's implementation efforts. Don't get us wrong: we think state leaders are showing good interest in the early reform options. Already Gov. Herbert has decided to run the new temporary high-risk pool alongside the state's current HIP pool. And our leaders intend to apply for the Exchange planning grants and the rate review planning grants. So far so good, though we may be facing a few hurdles ahead.

At the last meeting of the Task Force we heard that the IO Workgroup will be the place to address implementation of federal (and not just state) health reform. If you were not able to attend the June meeting of the Task Force, make a point of listening to the [audio](#). This will give you a sense of where we

stand, from different angles, on implementation of federal and state reform—and how we might bring these into some sort of alignment).

Introducing Wendy Knowles, Education and Community Engagement Coordinator

It is our pleasure to introduce Wendy Knowles, UHPP's new education and community engagement coordinator. I know you will enjoy working with her in U-SHARE and more. Wendy came to our attention as a dedicated intern at UHPP. Read more about Wendy [here](#).

Please join me in wishing Jessica Kendrick well: she and her husband Ian are already settled in Cooperstown, NY, for his residency placement, exciting new opportunities for Jessica, and of course, the baseball hall of fame!

Utah Medicaid Partnership Meets Tuesday, August 3rd 12:00-1:30PM at AUCH, 860 East 4500 South, Suite 206.

This year the Utah Medicaid Partnership has been working to help prepare the state for the significant changes in store for Medicaid due to federal health reform. To help the public and policy leaders understand the scope of these changes and challenges those changes present, UMP is planning a series of forums focused on three main issues:

- Medicaid and national health reform
- Paying for and containing costs within Medicaid
- The role of Medicaid in providing long-term care

If you are interested in learning more about the UMP and helping the coalition with its important work, please attend the next UMP meeting on **Tuesday, August 3rd, from noon to 1:30PM at AUCH, 860 East 4500 South, Suite 206.**

For more information about UMP, including past agendas and minutes, please visit <http://www.healthpolicyproject.org/UMP.html>