

Utah Cares contains potentially expensive, fatal holes

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By Wendy Leonard



The Utah House of Representatives has proposed expanding Medicaid under the existing Primary Care Network program and continuing exploration of any further expansion of benefits before committing the state to the governor's Healthy Utah plan.

SALT LAKE CITY — Carol Frisby has a history of digestive health issues.

She knew she needed a colonoscopy, but her limited insurance benefits didn't cover the nearly \$2,000 routine screening procedure.

"We were living on less than \$800 a month. You don't do big, fancy tests with that kind of income," Frisby said.

A little more than a year ago, she was diagnosed with colon cancer. It is Stage 4, meaning it has spread throughout her body.

"I used to like to go hiking and fishing and all that kind of stuff, but I know I can't do that anymore," she said, wiping away tears.

Frisby, of Taylorsville, tries to remain optimistic but realizes "this is not a fun way to live."

"It's not very fair, is it?" she said.

Frisby, 63, is no stranger to cancer, her husband had it years ago, but with more comprehensive health insurance, she believes hers could have been treated sooner.

"There were a lot of tests I didn't get," she said.

Up until her cancer diagnosis, Frisby was enrolled in the state's [Primary Care Network](#), or PCN, which is "a bare bones plan," according to Utah Department of Health spokesman Tom Hudachko. He said PCN only covers general health care services that come from a primary care provider.

The plan's [member guide](#) details the limited approved services, including four prescriptions per month, dental exams and some dental procedures, immunizations, lab services and X-rays, ambulance transportation, diabetes treatment supplies, birth control and some medical equipment, among other exceptions. Eye care, MRI and CT scans and various screenings, outpatient services, mental health and therapy are among the items not covered.

"It does not cover specialty care," Hudachko said, adding that emergency room and urgent care visits are also not covered, except in certain situations.

The program has been around since 2002 and currently serves just under 18,000 Utahns, including 7,473 men and 10,443 women.

PCN is the vehicle by which [HB446](#) aims to insure people who have found themselves in the coverage gap, making too much to qualify for Medicaid, but too little to get a subsidy for insurance through the federal marketplace that was created by the Affordable Care Act.

The bill, introduced this week by House Majority Leader Jim Dunnigan, R-Taylorsville, would extend coverage to certain uninsured adults under 100 percent of the federal poverty level. However, HB446, nicknamed Utah Cares, also allows the state to adjust the percentage of the poverty level covered based on program costs and the state budget.

PCN opens enrollment only when funds are available to cover additional people, but it is closed when the program is running at capacity, which is the case now.

Utah Cares would pave the way for continued negotiations with the federal government "to obtain greater flexibility for any future Medicaid expansion" in Utah, according to the bill.

If adopted, it would draw in up to 60,000 new enrollees, perhaps exhausting the already overstretched primary care provider network in Utah.

Hudachko said it would also require additional health department staff to enroll the masses.

And while "the people who have it are grateful for it, providers are not real crazy about it," he said, as they are limited in the care they can offer patients.

Primary care providers, who generally treat only the most common medical problems, can't refer patients with PCN to a specialist. They sometimes end up tending to health issues beyond their scope of care because of a sense of responsibility, Hudachko said.

Like [Gov. Gary Herbert's Healthy Utah](#) plan, the state's Primary Care Network is also a waiver program. Because it is partly funded by the federal government, it requires annual extensions from Washington, D.C., to continue each year.

It also has a current enrollment cap of 25,000, Hudachko said.

"It's a limited benefit compared to traditional Medicaid," he said, adding that the health department favors Healthy Utah plan over Utah Cares.

"It provides better coverage at a lower cost to the state and ultimately provides more people with better coverage," he said.

The department would like to implement the governor's pilot plan, collecting more data along the way, fully intending to re-visit it two years from now, considering various impacts, Hudachko said.

Frisby and her veteran husband, Brent, had looked forward to a long retirement, during which they would travel and visit family spread across the country, as well as spend time in the outdoors. But she didn't have access to his retirement benefits, and the state's Primary Care Network was her only option for health insurance.

"It didn't meet my needs at all," she said. "It took care of everything else but the doggone colon, and that's the test I should've had."

Now on Medicaid, Frisby has access to the chemotherapy treatment she needs, as well as daily injectable medications and other drugs to treat her cancer and other resulting problems.

The colonoscopy she finally received on Medicaid, she said, "probably saved my life."

During the ongoing treatment, Frisby said she isn't strong enough to walk and she often gets left home alone while her husband runs errands or goes out with friends.

"I'd have to go by wheelchair, and carry my oxygen with me," she said.

The frail but down-to-earth woman hopes lawmakers can decide something that would help as many people as possible.

"There's too many people who have been hurt," Frisby said. "I hope they come up with something better that will help save people's lives."

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