



Phase-Out Plan for Waiver Populations Transitioning to Adult Expansion Medicaid

Utah 1115 Primary Care Network Demonstration Waiver

Demonstration Project No.	11-W-00145/8
	21-W-00054/8

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Utah 1115 Primary Care Network (PCN) Demonstration Waiver

Phase-Out Plan for Waiver Populations Transitioning to Adult Expansion Medicaid

Summary

During the November 2018 general election, Utah voters approved Proposition 3, Utah Decides Health Care Act of 2018. This new law will expand Medicaid to parents and adults without dependent children with countable income up to 133% of the federal poverty level. As a result, some individuals who receive medical benefits under Utah's 1115 PCN waiver will be eligible to receive Medicaid authorized under the Affordable Care Act. This will result in many individuals receiving a better benefit package than they received under the 1115 waiver.

As required by Proposition 3, Utah Decides Health Care Act of 2018, the Utah Department of Health, Division of Medicaid and Health Financing (DMHF) will implement Adult Expansion Medicaid effective April 1, 2019. Impacted individuals who are currently receiving benefits authorized under the 1115 PCN waiver will transition to Adult Expansion Medicaid as of April 1, 2019.

Populations Impacted

The State estimates that approximately 150,000 individuals will be eligible for Adult Expansion Medicaid. Of those, approximately 25,667 individuals currently receive medical benefits authorized under the 1115 PCN waiver. Listed below are the impacted waiver populations that will transition to Adult Expansion Medicaid.

Waiver Population/Program	Estimated Number of Recipients	Benefits currently authorized under 1115 PCN Waiver
Demonstration Population I- Primary Care Network (PCN)	17,439	Provides a limited package of preventive and primary care benefits
Demonstration Population III & V- Utah's Premium Partnership for Health Insurance (UPP)- Adults age 19-64 with income between 0-133%	136	Provides premium assistance to help pay for the individual's or family's share of monthly premium costs of employer sponsored insurance or COBRA
Current Eligibles- Parent Caretaker Relative (PCR)- Individuals with income between the 2014 PCR Income Standard and 55% of FPL	4,177	Provides a slightly reduced benefit package for adults receiving PCR Medicaid
Targeted Adult Medicaid	3,915	Provides State Plan Medicaid benefits to a targeted group of

		adults without dependent children
Estimated Total of Impacted Recipients	25,667	

All individuals transitioning to Adult Expansion Medicaid will receive an Alternative Benefit Plan that provides the same benefits as Traditional State Plan Medicaid benefits.

Operations and Transition Process

Individuals who are eligible to transition to Adult Expansion Medicaid will be identified in the eligibility system, and moved to the new program as of April 1, 2019 without the need for a new application. Impacted individuals will receive advanced notice informing them of this change. This notice will contain information regarding the individual's appeal rights as required by 42 CFR 431.206. In addition, individuals will be notified that they will receive Traditional State Plan Medicaid benefits. Copies of the notices are attached (Attachment A, B, C and D).

Administrative Review Process

All impacted individuals will have their existing recertification period retained. Eligibility reviews will be conducted at the next recertification to determine continued Medicaid eligibility.

Delivery System

Physical Health

Current Eligibles (PCR- parent caretaker relatives) currently receive services through managed care if an individual resides in a mandatory enrollment county. PCR members may choose to enroll in a managed care plan if they reside in a voluntary enrollment county. PCR members will continue to receive benefits in the same delivery system after April 1, 2019.

All other transition populations will continue to receive services on a fee for service basis until June 30, 2019. Effective July 1, 2019, transition population members residing in mandatory counties will be enrolled in managed care. Transition population members residing in voluntary counties may choose to receive their services through managed care or on a fee for service basis.

Behavioral Health

All transition population members will be enrolled in a prepaid mental health plan except in where services are provided on a fee for service basis.

Oral Health

All transition population members who are eligible for full dental services will be enrolled in a dental managed care plan.

Public Notification Process

Public Comment Process

As part of the phase-out plan, DMHF must comply with public notification procedures as set forth in 59 Fed. Reg. 49249 (September 27, 1994). To comply with this requirement, DMHF will post the phase-out plan on the State Medicaid website at <https://medicaid.utah.gov/expansion> for a 30-day public comment period. Public comment may be submitted by email to medicaid-expansion@utah.gov or by mail to:

Utah Department of Health
Medicaid and Health Financing
PO Box 143106
Salt Lake City, UT 84114-3106
Attn: Jennifer Meyer-Smart

Tribal Consultation

In accordance with the Utah State Plan and section 1902(a)(73) of the Social Security Act, the State ensures that a meaningful consultation process occurs in a timely manner on program decisions impacting Indian Tribes in the State of Utah. DMHF began the tribal consultation process by attending the Utah Indian Health Advisory Board meeting on January 11, 2019, and presented the phase-out plan.

Communications Plan

Information regarding Adult Expansion Medicaid will be distributed as indicated below:

- Information Notice- A notice will be sent to impacted waiver individuals explaining the transition to Adult Expansion Medicaid, the benefits they will receive, and how Medicaid is different from their current coverage (Attachments B & C).
- Website Updates- The Utah Medicaid website at <https://medicaid.utah.gov/expansion> will be updated with information regarding the transition to Adult Expansion Medicaid, as well as general information regarding the new program. The website will also be routinely updated with important information, as needed.
- Medicaid Information Bulletin- Information will be included in the Medicaid Information Bulletin sent to Medicaid providers.
- Medicaid Provider Training- Information will be added to the Medicaid Provider Training.
- Community Outreach- Information will be presented to the Medical Care Advisory Committee (MCAC). In addition, a community partner flyer will be created and distributed to community partners for their use.

Attachments

Attachment A- Program Approval Notice

Attachment B- Information Notice for UPP Members

Attachment C- Information Notice for PCN Members

Attachment D- Fair Hearing Notice



Date Mailed: 04-01-2019

Case Number:

PID:

HERRIMAN, UT 84096-6566

NOTICE OF DECISION

Dear

We have made a decision about your eligibility for benefits. Below is a summary of the eligibility results. Additional information after the Summary of Eligibility includes:

- Basis of decision
- Effective date(s)
- Additional information

This information may continue to additional pages, be sure to read both sides of each page.

SUMMARY OF ELIGIBILITY

PROGRAM	APPLICATION DATE	BENEFIT MONTH	ACTION TAKEN	AMOUNT ISSUED
	03-17-2019	April 2019	Approval	

Medical Assistance

Household benefits for this Program are approved for the following individuals:

Household Members	Medical Program	Benefit Start Date
		04-01-2019

Please review the following information for details:

If you do not have or have not yet received a medical identification card, one will be mailed to you. You will need to take the identification card, along with photo ID, to all medical appointments and pharmacy visits. The identification card will be used for ongoing medical coverage.

Keep your medical identification card even if your case closes, as it can be used in future months that you are determined eligible for medical coverage.

Toll free:
Phone Number:

Toll free FAX:
FAX:

Attachment A

If you have been assigned to a health plan, you must use a participating provider. If you use a non-participating provider, you will be responsible to pay for the medical costs for those medical services.

- You will receive additional information regarding your benefits in a separate envelope.

Your medical eligibility will be reviewed on 03-31-2019. You will receive a review form in the mail. You must complete the review and provide the requested verifications before medical eligibility can continue beyond the review month.

<0012>

Toll free:
Phone Number:

Toll free FAX:
FAX:

March 2019

Dear Utah's Premium Partnership (UPP) Member:

On April 1, 2019, Medicaid will start covering adults whose income does not exceed 133% of the federal poverty limit. Some adults who are now on the Utah's Premium Partnership (UPP) program will become eligible for this new Medicaid group. A chart showing the new income amounts is on the other side of this notice.

If you have an eligibility review due before April 2019, you may be asked to update your information. If you meet the criteria for the Adult Medicaid group, you will receive an approval notice.

If your next eligibility review is not due until after March, DWS will send you a letter in mid-March about your coverage changing from UPP to Medicaid.

Are the benefits for Medicaid the same as UPP?

You will receive direct coverage through Medicaid instead of the health insurance reimbursement check with UPP. You will have access to hospital inpatient and outpatient services, services of specialists and access to mental health and substance abuse treatment services through Medicaid providers.

Are there any benefits I won't have on Medicaid that I have on UPP?

Effective April 1, 2019, adults eligible under the Adult Medicaid group may no longer receive an employer sponsored insurance reimbursement check.

1. You may end your employer sponsored health insurance coverage. Qualifying for Medicaid allows you to disenroll from your employer's health insurance plan.
2. You may keep your employer sponsored health insurance coverage and receive a reimbursement through the Buyout Program. To receive more information on the Buyout program send an e-mail to Buyout@utah.gov.

What else is different about Medicaid?

In most counties, individuals eligible for the Adult Medicaid group are required to enroll in a managed care plan for your health benefits. You will receive more information about this after you move to Medicaid. You will also be enrolled in a mental health plan.

Who should I call if I have questions?

If you have questions about your **eligibility for Medicaid**, please call DWS at **1(866) 435-7414**

If you have any questions about **Medicaid benefits or managed care**, please call **1(844) 238-3091**.

Sincerely,

Division of Medicaid and Health Financing
Utah Department of Health

DRAFT

**Adult Expansion Income Chart at 133% Federal Poverty Level
Effective April 1, 2019**

HOUSEHOLD SIZE	MEDICAID MONTHLY INCOME LIMIT
1	1346
2	1825
3	2304
4	2782
5	3261
6	3740
7	4219
8	4698
9	5176
10	5655

March 2019

Dear Primary Care Network (PCN) Member:

On April 1, 2019, Medicaid will start covering adults whose income does not exceed 133% of the federal poverty limit. Adults who are now on the Primary Care Network (PCN) program will become eligible for this new Medicaid group. The Primary Care Network program ends on March 31, 2019. A chart showing the new income amounts is on the other side of this notice.

If you have an eligibility review due before April 2019, you may be asked to update your information. If you meet the criteria for the Adult Medicaid group, you will receive an approval notice.

If your next eligibility review is not due until after March, DWS will send you a letter in mid-March about your coverage changing from PCN to Medicaid.

Are the benefits for Medicaid the same as PCN?

You will have many more medical benefits on Adult Medicaid than you have with PCN. You will have access to hospital inpatient and outpatient services, services of specialists and access to mental health and substance abuse treatment services.

Are there any benefits I won't have on Medicaid that I have on PCN?

Effective April 1, 2019, adults eligible under the Adult Medicaid group will not have a dental benefit. You may be eligible for a limited emergency dental benefit.

What else is different about Medicaid?

Individuals eligible for the Adult Medicaid group have access to more providers. In most counties, you are required to enroll in a managed care plan for your health benefits. You will receive more information about this after you move to Medicaid. You will also be enrolled in a mental health plan.

Who should I call if I have questions?

If you have questions about your **eligibility for Medicaid**, please call DWS at **1(866) 435-7414**

If you have any questions about **Medicaid benefits or managed care**, please call **1(844) 238-3091**.

Sincerely,

**Division of Medicaid and Health Financing
Utah Department of Health**

**Adult Expansion Income Chart at 133% Federal Poverty Level
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State of Utah
Department of Workforce Services & Department of Health
FAIR HEARING REQUEST

You have the right to request a fair hearing before an Administrative Law Judge if you disagree or are dissatisfied with any action of the Department of Workforce Services that affects your public assistance and/or food stamp benefit amount. The Administrative Law Judge cannot change eligibility rules or policy, but decides if your eligibility was correctly determined.

NOTE: Speaking with your assigned eligibility team or supervisor MAY help resolve any questions or disagreement with the action taken - you can reach them by calling 1-866-435-7414.

WAYS TO SUBMIT A FAIR HEARING REQUEST:

- 1) Call 1-877-837-3247 (toll free)
- 2) Fill out this form and fax it to: 877-824-6534 (toll free)
- 3) Fill out this form and mail it to: Department of Workforce Services – Fair Hearings
PO Box 143245
Salt Lake City, UT 84114-3245

COMPLETE THIS FORM ONLY IF YOU WANT TO REQUEST A FAIR HEARING

Name: _____

Mailing Address: _____

Contact Phone #: _____ Social Security #: _____ Case #: _____

Please specify which program(s) you are filing a hearing for:

- ☐ **FOOD STAMPS** ☐ **FINANCIAL** ☐ **CHILD CARE** ☐ **MEDICAL**
☐ **OTHER** (please specify) _____

I am asking for a fair hearing because: _____

I will be represented by: Name: _____ Phone #: _____

Mailing Address: _____

CONTINUATION OF YOUR ASSISTANCE DURING THE APPEAL PROCESS: (Section 125-3 #2)

- Assistance **will not** be continued for a review closure or application denial for any assistance program.
- Assistance **will not** be continued for any reduction or termination of Financial or Child Care assistance.
- For Food Stamps, Refugee, and Medical Assistance the assistance you were receiving before the decision **may be continued** during the appeal process **if the request for a fair hearing is made within 10 days for Food Stamps and/or Refugee Assistance and within 15 days for Medical Assistance from the date of the notice that stated the change.**
- If the fair hearing decision supports the Department's action, **you will have to pay back any continued assistance.** For medical assistance this will include the premium payments to the HMO, if applicable, and premium payments to the mental health provider, even if you did not directly receive medical or mental health services. Any other medical services received on a fee-for-service basis will also be subject to recovery.
- If you **DO NOT** wish to continue to receive your current level of assistance pending the appeal decision, please check the box below:

- ☐ **BY CHECKING THIS BOX, I UNDERSTAND THAT UNTIL AN APPEAL DECISION IS MADE THE REDUCTION OR ENDING OF FOOD STAMPS, REFUGEE, AND/OR MEDICAL ASSISTANCE WILL REMAIN IN PLACE.** (If the box is not checked, the current level of Food Stamp, Refugee, and/or Medical assistance may continue if otherwise eligible. You will be required to repay any assistance received if the appeal decision affirms the Department's decision.)

DEADLINE FOR FAIR HEARING REQUEST AND LEGAL ASSISTANCE: (Section 125-1)

- **Deadline:** A fair hearing will only be granted if you **request it within 90 days of the date of the notice** with which you disagree. For Food Stamps, you may also request a fair hearing at any time during the review period if you disagree with your benefit amount.
- **Legal assistance or other help:** You have the right to bring an attorney or any other person to represent you at the fair hearing. You may be eligible for free legal assistance from Utah Legal Services: 801-328-8891; or toll free at 800-662-4245. You may also receive a referral for legal advice from the Utah Lawyer Referral Service at (801) 531-9075. The Department of Workforce Services cannot assist you with finding or providing an attorney. If you have an attorney, the Department is not responsible for and will not pay the attorney fees. For more information on the fair hearing process go to: jobs.utah.gov/appeals/guidepats.html

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.