DMHF Rules Matrix 11-16-23

Rule Summary	Bulletin Publication	Effective
R414-140 Choice of Health Care Delivery Program; The purpose of this change is to update and clarify the rule text as needed. This amendment, therefore, defines and clarifies mandatory counties, updates requirements to select a health plan, updates service coverage, and makes other technical changes.	**11-15-23**	**01-10-24**

The public may access proposed rules published in the State Bulletin at https://rules.utah.gov/publications/utah-state-bull/

State of Utah
Administrative Rule Analysis
Revised May 2023

NOTICE OF PROPOSED RULE		
TYPE OF FILING: Amendment		
Title No. - Rule No. - Section No.		
Rule or Section Number:	**R414-140**	**Filing ID: Office Use Only**

Agency Information

1. Department:	Department of Health and Human Services
Agency:	Division of Integrated Healthcare
Room number:	
Building:	Cannon Health Building
Street address:	288 N. 1460 W.
City, state and zip:	Salt Lake City, UT 84116
Mailing address:	PO Box 143102
City, state and zip:	Salt Lake City, UT 84114-3102
Contact persons:	

Name:	**Phone:**	**Email:**
Craig Devashrayee	801-538-6641	cdevashrayee@utah.gov

Please address questions regarding information on this notice to the persons listed above.

General Information

2. Rule or section catchline:

R414-140. Choice of Health Care Delivery Program.

3. Purpose of the new rule or reason for the change:

The purpose of this change is to update and clarify the rule text as needed.

4. Summary of the new rule or change:

This amendment defines and clarifies mandatory counties, updates requirements to select a health plan, updates service coverage, and makes other technical changes.

Fiscal Information

5. Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A) State budget:

There is no impact to the state budget as these changes do not affect services or reimbursement.

B) Local governments:

There is no impact on local governments as they neither fund nor provide benefits under the Medicaid program.

C) Small businesses ("small business" means a business employing 1-49 persons)**:**

There is no impact on small businesses as these changes do not affect services or reimbursement.

D) Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

There is no impact on non-small businesses as these changes do not affect services or reimbursement.

E) Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

There is no impact to other persons or entities as these changes do not affect services or reimbursement.

F) Compliance costs for affected persons (How much will it cost an impacted entity to adhere to this rule or its changes?)**:**

There are no compliance costs to a single person or entity as these changes do not affect services or reimbursement.

G) Regulatory Impact Summary Table (This table only includes fiscal impacts that could be measured. If there are inestimable fiscal impacts, they will not be included in this table. Inestimable impacts will be included in narratives above.)

Regulatory Impact Table

Fiscal Cost	**FY2024**	**FY2025**	**FY2026**
State Government	$0	$0	$0

Local Governments	$0	$0	$0
Small Businesses	$0	$0	$0
Non-Small Businesses	$0	$0	$0
Other Persons	$0	$0	$0
Total Fiscal Cost	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2024**	**FY2025**	**FY2026**
State Government	$0	$0	$0
Local Governments	$0	$0	$0
Small Businesses	$0	$0	$0
Non-Small Businesses	$0	$0	$0
Other Persons	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**

H) Department head comments on fiscal impact and approval of regulatory impact analysis:

The Executive Director of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this fiscal analysis. Businesses will see neither costs nor revenue as these changes do not affect services or reimbursement.

Citation Information

6. Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

26B-1-213	26B-3-108	

Incorporations by Reference Information

7. Incorporations by Reference (if this rule incorporates more than two items by reference, please include additional tables)**:**

A) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B) This rule adds, updates, or removes the following title of materials incorporated by references (a copy of materials incorporated by reference must be submitted to the Office of Administrative Rules; *if none, leave blank*)**:**

Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

Public Notice Information

8. The public may submit written or oral comments to the agency identified in box 1. (The public may also request a hearing by submitting a written request to the agency. See Section 63G-3-302 and Rule R15-1 for more information.)

A) Comments will be accepted until:	01/03/2024

B) A public hearing (optional) will be held:

Date (mm/dd/yyyy)**:**	**Time** (hh:mm AM/PM)**:**	**Place** (physical address or URL)**:**

To the agency: If more space is needed for a physical address or URL, refer readers to Box 4 in General Information. If more than two hearings will take place, continue to add rows.

9. This rule change MAY become effective on:	01/10/2024
NOTE: The date above is the date the agency anticipates making the rule or its changes effective. It is NOT the effective date.	

Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. Incomplete forms will be returned to the agency for completion, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.			
Agency head or designee and title:	Tracy S. Gruber, Executive Director	**Date:**	11/15/2023

R414. Health and Human Services, Integrated Healthcare[~~Health Care Financing, Coverage and Reimbursement Policy~~].
R414-140. Choice of Health Care Delivery Program.
R414-140-1. Introduction and Authority.

This rule outlines the Choice of Health Care Delivery Program that operates under a freedom-of-choice waiver program authorized under 42 USC 1396n(b). [-]This program provides access to quality and cost-effective health care[~~. This rule is required by Utah Code Subsection~~] and is required by Subsection 26B-[~~18~~]3-[~~3~~]108(2)(a).

R414-140-2. Definitions.

In addition to the definitions in Rule [~~The definitions in~~]R414-1, the following definitions apply to this rule[~~. In addition~~]:

(1) The "Choice of Health Care Delivery Program" (CHCDP) is a freedom-of-choice waiver program that allows the [~~D~~]department to require certain groups of Medicaid [~~clients~~]members living in Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber counties to select a health plan that provides services in accordance with the program's waiver. [-]The waiver limits freedom of choice in choosing a health care provider.

[~~(2) An "Enrollee" in the CHCDP is a Medicaid client who lives in an urban county and is enrolled in a health plan.~~]

(2[~~3~~]) [~~A~~]"Health Plan" in the CHCDP means[~~is~~] a federally defined prepaid inpatient health plan, a federally defined primary care case management system, or a federally defined managed care organization under contract with the [~~Utah D~~]department [~~of Health~~]to provide health care services to members[~~enrollees~~].

(3[4]) [~~A "Managed~~]Accountable Care Organization" ([~~M~~]ACO) means [~~is~~]an entity that has a comprehensive risk contract with the [~~D~~]department to make the services it provides to its Medicaid members[~~enrollees~~] as accessible, [~~(~~]in terms of timeliness, amount, duration, and scope[~~)~~], as those services are to other Medicaid [~~clients~~]members within the area served by the entity. [-]The CHCDP requires MCOs to provide or arrange for services described in the CHCDP.

(4) "Member" in the CHCDP means an individual enrolled in Medicaid who lives in a mandatory county and is enrolled in a health plan.

(5) "Prepaid Inpatient Health Plan" (PIHP) means [~~is~~]an entity that contracts with the [~~D~~]department under a non-risk arrangement to provide services described in the CHCDP to Medicaid members[~~enrollees~~].

(6) "Primary Care Case Management" (PCCM) means [~~is~~]a system under which a physician or other provider contracts with the [~~S~~]state to furnish case management services and to provide access to services described in the CHCDP.

(7) "Section 1931" means [~~is~~]the section of the Social Security Act that raises the income limits for Medicaid eligibility.

(8) [~~"Urban county" means a county with a population greater than 175,000.~~]"Mandatory county" means a county that either meets the population requirement of greater than 175,000, or is a county adjacent to a county that meets that requirement, where Medicaid members must choose an ACO to receive medical services.

[~~(9) "1115 Demonstration for the Primary Care Network of Utah" is a statewide demonstration waiver that expands Medicaid coverage to adults ages 19 and older who would not otherwise qualify for Medicaid. The two groups of individuals covered under the 1115 Demonstration are Primary Care Network individuals and Non-Traditional Medicaid individuals. Primary Care Network individuals are those who meet certain income requirements who would not otherwise qualify for Medicaid. Non-Traditional Medicaid individuals are those who are ages 19 and older and are not elderly, disabled or pregnant.~~]

R414-140-3. Requirement to Select a Health Plan.

(1) The following Medicaid [~~clients~~]members living in [~~urban~~]mandatory counties are required to select a health plan:
(a) Section 1931 children under [~~the age of 19~~]19 years of age;
(b) pregnant women;
(c) blind or disabled children and adults;
(d) aged populations;
(e) foster care children; and
(f) adult expansion.

[~~(f) Non-Traditional Medicaid enrollees covered under the 1115 Demonstration for the Primary Care Network of Utah.~~]

R414-140-4. Restrictions on Changes in Enrollment.

(1) The [~~D~~]department must give Medicaid [~~clients~~]members a choice of at least two health plans. [-]Each new applicant for Medicaid in [~~the urban~~]mandatory counties is offered an orientation about Medicaid and the Choice of Health Care Delivery Program. [-]A health program representative employed by the [~~D~~]department conducts the orientation and also enrolls Medicaid [~~clients~~]members in a health plan. [-]During the orientation the [~~clients~~]members are presented with health plan options.

(2) The [~~D~~]department restricts the disenrollment rights of members[~~enrollees~~] who are required to enroll with a health plan in accordance with the regulations at 42 CFR 438.56. [-]Disenrollment rights are restricted for a period of up to 12 months with the following exceptions:

(a) during the first three months of the member's[~~enrollee's~~] initial enrollment with a health plan, the member[~~enrollee~~] may select a different health plan without cause;

(i) if the member[~~enrollee~~] moves out of the health plan's service area;

(ii) if the member[~~enrollee~~] requests to select a different health plan for good cause and the [~~D~~]department approves the request; or

(iii) if the member[~~enrollee~~] chooses a different health plan during the [~~D~~]department's annual disenrollment period.

R414-140-5. Service Coverage.

(1) Health plans shall provide [~~all~~]medically necessary services covered under the State Medicaid Plan except:

(a) dental services;

(b) chiropractic services;

(c) long-~~-~~term care services in skilled nursing facilities longer than 30 days with the exception of [~~clients~~]members enrolled in the Medicaid Long-~~-~~Term Care Managed Care Program;

(d) psychological services;

(e) services covered under the Prepaid Mental Health Plan;

(f) substance abuse treatment services; and

(g) transportation services[~~;~~].

[~~(2) Medicaid enrollees who are covered under the Non-Traditional Medicaid Plan are limited to the scope of services as defined in the 1115 Demonstration for the Primary Care Network of Utah.~~]

R414-140-6. Qualified Providers.

The [~~D~~]department selects managed care organizations, prepaid inpatient health plans, or primary care case management systems through an open cooperative procurement process in which any qualifying MCO, PIHP, or PCCM system may request to contract with the [~~D~~]department to provide services covered under the CHCDP.

R414-140-7. Reimbursement Methodology.

The PIHPs are paid under a non-risk arrangement as described in 42 CFR 447.362. [-]The [~~D~~]department's payments to the health plans may not exceed what the [~~D~~]department would have paid on a fee-for-service basis for services furnished to health plan members[~~enrollees~~] plus the net savings of administrative costs the [~~D~~]department achieves by contracting with the health plans instead of purchasing the services on a fee-for-service basis. [-]The PCCM providers are paid under a fee-for-service arrangement. [-]In addition, a fee is paid to cover the provision of case management services.

KEY: Medicaid
Date of Last Change: September 16, 2004
Notice of Continuation: June 5, 2019
Authorizing, and Implemented or Interpreted Law: 26B-1-[~~5~~]213; 26B-[~~18~~]3-[~~3~~]108