

April 18, 2024

# MCAC Director's Report

## Unwinding Audits Update

- HHS OIG audit
  - 140 case sample across 3 different types of issues
  - Ongoing technical questions
  - Ohio report released last week
- HHS OCR audit - no new updates

## 1115 Waiver Update

- HRSN waiver will be posted May 2, 2024
- Justice addendum will be posted May 2, 2024

## May Policy Updates

### Fertility Preservation

- **Description:** Originally passed as H.B. 192 (2021 Legislative Session). Allows Medicaid to reimburse for fertility preservation services for enrolled Medicaid members who have been diagnosed with a form of cancer that requires treatment that may cause a substantial risk of sterility or iatrogenic infertility, including surgery, radiation, and chemotherapy.
- **Who is covered:** Member is post-pubertal through 40 years of age and diagnosed with a condition that requires treatment that may cause a substantial risk of sterility or iatrogenic infertility. The member's health is sufficient to undergo fertility preservation procedures.
- **Benefits:** cryopreservation of fertility tissues

### IVF/Genetic Screening

- **Description:** Originally passed as H.B. 214 (2020 Legislative Session). Allows Medicaid to reimburse for genetic carrier screening and in-vitro fertilization (IVF) for individuals that carry or have been diagnosed with certain genetic conditions.
- **Who is covered:** Member must be Medicaid enrolled and have one of the following diagnoses or genetic traits associated with:

- cystic fibrosis;
- spinal muscular atrophy;
- Morquio syndrome;
- myotonic dystrophy; or
- sickle cell anemia
- **Benefits:** Pre-Implantation preparation, including the retrieval of genetic materials, embryo growth and transfer; Pre-implantation genetic screening; and IVF implantation

## Change Healthcare Cybersecurity Incident Outage Update

### Pharmacy point of sale RFP

- Posted until May 20, 2024

### CHIP Premium Changes

- On October 27, 2023, CMS [announced](#) that the Consolidated Appropriations Act prohibits terminating CHIP coverage for non-payment of premiums during the 12-month continuous eligibility period. This was a contradiction to Utah's practices.
- Effective January 1, 2024 Utah continued to charge premiums but would keep cases from closing if families did not pay.
- Utah is now in the process of updating our policy, state plan, and administrative rule so that premiums are eliminated altogether. This will be effective July 1, 2024. Some copayments and deductibles will increase to compensate for the loss of premiums, but families will still not pay any more than 5% of their household income toward the cost of care. These changes will also be made for State CHIP.
- DHHS is working on a communication plan that will announce this to members and stakeholders. The member letter will most likely be sent the second week of May.

### Quality Contract Awarded

- Contract awarded to OnPoint to manage mandated CMS Core Set Reporting by January 1, 2024
- Contract being finalized and must be approved by CMS