

1 CONTINUOUS ELIGIBILITY FOR MEDICAID

2 2012 GENERAL SESSION

3 STATE OF UTAH

4 Chief Sponsor: Dean Sanpei

5 Senate Sponsor: Wayne L. Niederhauser

6	Cosponsors:	Tim M. Cosgrove	Douglas Sagers
7	Stewart Barlow	James A. Dunnigan	
8	Derek E. Brown	Francis D. Gibson	

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10 LONG TITLE

11 General Description:

12 This bill amends the Medical Assistance Act to permit the state Medicaid program to  
13 amend the state plan to allow continuous eligibility for an individual for up to 12  
14 months and to implement payment and delivery reform.

15 Highlighted Provisions:

16 This bill:

- 17 ▶ authorizes the state Medicaid program to amend the state plan to:
  - 18 • permit 12 month continuous eligibility for an individual if it would increase  
19 quality of care and if it is cost effective; and
  - 20 • include in Medicaid managed care contracts incentives for seeking appropriate  
21 care in appropriate settings;
- 22 ▶ authorizes the Medicaid program to select certain populations or geographic areas to  
23 include in the amendments to the state Medicaid plan; and
- 24 ▶ authorizes the Medicaid program to apply for a waiver or demonstration project, if  
25 necessary to implement 12 month continuous enrollment or incentives for seeking  
26 appropriate care.

27 Money Appropriated in this Bill:

28 None

29 **Other Special Clauses:**

30 None

31 **Utah Code Sections Affected:**

32 ENACTS:

33 **26-18-16**, Utah Code Annotated 1953



35 *Be it enacted by the Legislature of the state of Utah:*

36 Section 1. Section **26-18-16** is enacted to read:

37 **26-18-16. Medicaid -- Continuous eligibility -- Promoting payment and delivery**  
38 **reform.**

39 (1) In accordance with Subsection (2), and within appropriations from the Legislature,  
40 the department may amend the state Medicaid plan to:

41 (a) create continuous eligibility for up to 12 months for an individual who has qualified  
42 for the state Medicaid program;

43 (b) provide incentives in managed care contracts for an individual to obtain appropriate  
44 care in appropriate settings; and

45 (c) require the managed care system to accept the risk of managing the Medicaid  
46 population assigned to the plan amendment in return for receiving the benefits of providing  
47 quality and cost effective care.

48 (2) If the department amends the state Medicaid plan under Subsection (1)(a) or (b),  
49 the department:

50 (a) shall ensure that the plan amendment:

51 (i) is cost effective for the state Medicaid program;

52 (ii) increases the quality and continuity of care for recipients; and

53 (iii) calculates and transfers administrative savings from continuous enrollment from  
54 the Department of Workforce Services to the Department of Health; and

55 (b) may limit the plan amendment under Subsection (1)(a) or (b) to select geographic  
56 areas or specific Medicaid populations.

57           (3) The department may seek approval for a state plan amendment, waiver, or a  
58 demonstration project from the Secretary of Health and Human Services if necessary to  
59 implement a plan amendment under Subsection (1)(a) or (b).