

Utah

Total Medicaid Enrollment: 199,908 ("point-in-time" monthly enrollment counts for December 2006)

Source: <http://www.statehealthfacts.org>

Total Population: 2,645,330 (July 2007)

Source: Source: Population Division, U.S. Census Bureau

<http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>

For Utah specific information, visit Utah's Medicaid Website:

<http://health.utah.gov/medicaid/>.

Medicaid Eligibility

Maximum Income Limits for Populations Applying for Medicaid as a Percentage of Federal Poverty Guidelines, 2008	
Population Segment	%
Infants (Ages 0 – 1) ¹	133
Children (Ages 1 – 5) ¹	133
Children (Ages 6 – 19) ¹	100
Working Parents ²	150
Non-Working Parents	150
Pregnant Women	133
Aged and Disabled (OBRA '86), 2001	100
Supplemental Security Income, 2000	74
Medicaid expansion group (1115 waiver):	
Childless Adults ³	150

Source: www.statehealthfacts.org

State Children's Health Insurance Program (SCHIP)

SCHIP coverage applies to uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum SCHIP income limits.

Total SCHIP Enrollment: 25,095 ("point-in-time" monthly enrollment counts, June 2007)

Source: <http://www.statehealthfacts.org>

Structure of SCHIP As of August 21, 2007		
Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/SCHIPStatePlanActivityMap.pdf>

Maximum Income Limits for Children's Separate SCHIP Program as a Percentage of Federal Poverty Guidelines, 2008	
Population Segment	%
Income Eligibility – Separate SCHIP Program ⁴	200

Source: www.statehealthfacts.org

Services Covered

For information about the services covered by Medicaid, visit the Kaiser Family Foundation's Medicaid Benefits Online Database: www.kff.org/medicaid/benefits.

Delivery System Description

Medicaid Enrollment by Delivery System Type, as of June 30, 2006		
Delivery System	#	%
Fee-for-Service	27,328	14
Managed Care	181,173	86
Total	208,501	100

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Medicaid Enrollment by Managed Care Program Type, as of June 30, 2006	
Managed Care Program	#
Commercial MCO ⁵	0
Medicaid-only MCO ⁶	0
Health Insuring Organization ⁷	0
Primary Care Case Management ⁸	46,336
Prepaid Inpatient Health Plan ⁹	249,811
Prepaid Ambulatory Health Plan ¹⁰	151,305
PACE ¹¹	0
Other ¹²	0

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Notes: Individuals can fall within more than one type of managed care program type.

Federal Matching Rate (FMAP)

FMAP¹³ for Medicaid and Multiplier¹⁴ FY 2008
71.63%

Source: www.statehealthfacts.org

Rural Information

The information below defines “Urban” as residing in a metropolitan county and “Rural” as residing in a non-metropolitan county.

Age	Urban % on Medicaid	Rural % on Medicaid
0 – 18	15.4	NA
19 – 64	4.7	NA
65 and Over	6.0	NA

Source: Current Population Survey, 2005 - 2006

County level data are not available on the Utah website.

Critical Access Hospitals (CAH)

	Yes	No
CAH Cost Base for Medicaid Patients?		X

Source: Don Beckwith, Utah Flex Coordinator, 2008.

¹ Utah stopped enrolling children in its SCHIP program in September 2006 and re-opened enrollment in July 2007.

² Parents’ eligibility levels are based upon the income threshold applied to a working parent in a family of three. State stopped enrolling eligible parents in September 2006. In Utah’s waiver program parents may only enroll during open enrollment periods.

³ CMS. Medicaid Waivers and Demonstrations List. Utah Primary Care Network PCN 1115. <http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/MWDL/list.asp>. April 19, 2007.

⁴ Utah stopped enrolling eligible children in its SCHIP program in September 2006.

⁵ A commercial managed care organization (MCO) provides comprehensive services to Medicaid and commercial and/or Medicare populations.

⁶ A Medicaid MCO provides comprehensive services to only Medicaid beneficiaries, not to commercial or Medicare populations.

⁷ CMS defines a Health Insuring Organization (HIO) as “a managed care entity which, by law, is exempt from certain rules governing MCO program operation such as the requirement for beneficiaries to have a choice of at least two managed care entities in mandatory programs.”

⁸ CMS defines a Primary Care Case Management (PCCM) provider as: “a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants who contracts directly with the State to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category also includes those PIHPs that contract with the State as “primary care case managers.”

⁹ CMS defines a Prepaid Inpatient Health Plan (PIHP) as a plan that “provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and provides, arranges for, or otherwise have responsibility for provision of any inpatient hospital institutional services.” States can offer PIHPs for medical services, mental health, substance abuse disorders, or long-term care services.

¹⁰ CMS defines a Prepaid Ambulatory Health Plans (PAHP) as a plan that “provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and does not provide,

arrange for, or otherwise have responsibility for provision of any inpatient hospital or institutional services.” States may offer PAHPs for medical services, mental health, substance abuse disorders, dental, transportation or disease management.

¹¹ CMS defines the Program for All-inclusive Care for the Elderly (PACE) as a “program that provides prepaid, capitated comprehensive, health care services to the frail elderly.”

¹² CMS categories managed care organizations as “other” if it is “not considered a PCCM, PIHP, PAHP, Commercial MCO, Medicaid-only MCO, HIO or PACE.”

¹³ The Federal Medical Assistance Percentage (FMAP) is computed from a formula that takes into account the average per capita income for each State relative to the national average. By law, the FMAP cannot be less than 50%.

¹⁴ The multiplier is based on the FMAP. For every dollar the state spends on Medicaid, the federal government matches at a rate that varies year to year.