



Utah's Primary Care Network

A health insurance access initiative

Gene Davis

Democratic Whip

Utah State Senate



Covering the Uninsured

An 1115 Approach

Utah's 1115 waiver includes:

- Primary Care Network (PCN)
Primary and preventive health care
- Covered at Work
Premium assistance for employer-sponsored health insurance



Program Goals

- Reduce Utah's uninsured rate
- Stay within available state funding
- Obtain additional federal funding & flexibility through the new waiver proposal
- Cover a population that doesn't have access through other programs or affordable employer-sponsored coverage
- Combine employer, employee, and state funds to enroll the uninsured on employer-sponsored insurance



Waivers Required for PCN

- Provide limited benefits for a new group
- Reduce benefits to some mandatory Medicaid clients
- Transfer a state program to Medicaid (UMAP-Utah Medical Assistance Program)
- Cover singles and couples without children



PCN Program Attributes

- Waiver allows up to 25,000 adults
- Household income up to 150% of federal poverty level, no asset test
- Reasonable cost sharing (up to \$50 annual enrollment fee, some copays)
- Not currently enrolled in health insurance
- Typical utilization of services is \$82 per member per month (pharmacy accounts for about half of costs)



Medical Services Covered

- Primary/preventive care visits
- Adult immunizations
- Limited emergency coverage for life threatening situations (i.e., heavy bleeding or bad burns)
- Lab & X-ray tests
- Basic Dental
- Prescription Drugs (4 per month)



Coordination of Care

(for non-program services)

- Utah hospitals donate \$10 million annually for inpatient care
- Donated outpatient specialty care through community partnerships
 - Health Access Project and Health Access Team
 - Central Utah Clinic
 - Intermountain Health Care
- Case managers refer clients to Rx assistance programs for non-covered prescriptions



Current Status

(as of February 2006)

- 16,021 enrolled
 - 8,810 adults with children
 - 7,211 adults without children
- 51 percent have children on CHIP or Medicaid
- 51 percent of those enrolled are employed
- 63 percent live in urban counties, 37 percent live in rural counties



Financing Plan

	State	Federal	Total
UMAP Transfer	\$3,500,000	\$8,200,000	\$11,700,000
Medicaid Reduction	\$ 700,000	\$1,600,000	\$ 2,300,000
Cost Sharing	\$1,400,000	\$3,300,000	\$4,700,000
Total	\$5,600,000	\$13,100,000	\$18,700,000



PCN Challenges

- Primary care physicians feel obligated to treat patients for conditions normally referred to specialists
- Difficulty maintaining a substantial provider list
- Educating clients to establish a relationship with a Primary Care Physician
- Hospitals continually express concern about the amount and distribution of their donation
- Demand for specialty care referrals exceeds supply, with more difficulty in some specialties (i.e., neurology, but many others outside of Salt Lake area)
- PCN reached state funding capacity in November 2003 and now holds open enrollment periods as program disenrollment allows



Covered at Work Program

- Program is an amendment to the PCN waiver
- Premium assistance to employees (\$50/month) to help them purchase employer-sponsored health insurance
- Enrollment began August 2003



Covered at Work Challenges

- Low enrollment (less than 100)
- Subsidy amount is not enough for those who may be eligible to apply
- If you are already enrolled in employer sponsored insurance, you are not eligible
- Employers are not willing to notify their employees about the program (no employer incentive)
- Considering amendments to increase subsidy, allow income up to 200% of federal poverty level, allow a 60 day window to apply once enrolled in employer insurance



Waiver Renewal Process

- 1st phase of demonstration waiver expires at the end of June 2007
- Extension request must be submitted to CMS before July 2006
- To facilitate the renewal process, the Utah Department of Health has created a PCN Extension Advisory Group. This group will assist the Department by providing recommendations regarding program design and structure.