Managed Care and Client Accountability

- Utah Managed Care Programs and rural fee-for-service clients are already assigned PCP. Could expand the program to cover urban fee-for-service (Select Access) clients. Offer an incentive (such as weight loss classes) to Medicaid clients in the fee-for-service and Select Access systems when they enroll in the primary care case management program and select a primary care provider.

- Penalize clients that do not choose a PCP.

- "Beef" up efforts to control drug seeking behavior and non-emergency use of emergency department services by enrolling "frequent fliers" in the Restriction Program.

Managed Care continued:

- Institute co-pays for ALL emergency department services (with the exception of inpatient admissions)
- Require all Medicaid adult enrollees to receive education from the Health Program Representatives on appropriate use of Medicaid benefits.
- Institute tiered co-pays for prescriptions (higher co-pay for name brand drugs.)
- Sanction clients or reduce benefits for inappropriate or excessive use of services

APHSA and NASMD

- The American Public Human Service Association in conjunction with the NASMD (National Association of State Medicaid Directors) supports the Health Opportunity Accounts (under DRA of 2005) of which there is currently a demonstration program. The HOA would require states meet the following in order to qualify:

- Create patient awareness of the high cost of medical care
- Provide Incentives to patients seeking preventative care
- Reduce inappropriate use of health care services
- Enable Patients to take responsibility for health outcomes
- Provide enrollment counselors and ongoing education activities
- Provide transactions involving HOA to be conducted electronically without cash and,
- Provide access to negotiated provider payment rates

Eligibility Restrictions to HOA's:

- Must be younger than age 65,
- Cannot be disabled,
- Cannot be pregnant,
- Cannot be a new enrollee, must have been on assistance more than 3 months,
- Cannot be eligible for assistance under the definitions of being blind or disabled under 1902(e)3) of the Act,
- Cannot be entitled to any benefits under any part of title XVIII,
- Cannot be terminally ill and receiving hospice care under title XIX,
- Cannot be an inpatient residence of a hospital, nursing facility of Intermediate Care Facility for the mentally retarded, or other medical institutions,
- Cannot be Medically Fragile as defined under 42 CFR 438.50(d),
- Cannot be eligible for medical assistance for LTC as described in 1917(c)(1)(C) of the act,
- Cannot be a foster care individual,
- Cannot be eligible for medical assistance as a result of being eligible for TANF,
- Cannot be eligible under 1902(a)(10)(ii)(XVIII) and 1902(aa) of the Act for women with breast or cervical cancer,
- And cannot be a non-qualified alien on Emergency Only Medicaid or the Tuberculosis treatment program as defined under 1903(v) of the Act.