**Utah**

**Sources of Insurance Coverage**

*Source: KFF, Health Insurance Coverage of the Total Population, 2022*

**Medicare**

In Utah, 334,300 residents are enrolled in Medicare, 10.4% of the state’s population (2022 data). Of those, 53% are enrolled in a Medicare Advantage plan. For Utahns in the traditional Medicare program, the Utah Insurance Department regulates Medicare supplemental plans and the Senior Health Insurance Program (SHIP) within the department (in collaboration with the Utah Division of Aging and Adult Services) provides free counseling services to Medicare beneficiaries. Information about insurers authorized to sell Medicare supplemental policies and plan premiums is available here.

**Medicaid and the Children’s Health Insurance Program (CHIP)**

In Utah, 352,700 people are enrolled in Medicaid or CHIP, 10.6% of the population (2022 data). Utah has chosen to adopt the Affordable Care Act’s expansion of Medicaid, and this has extended coverage to 133,000 low-income adults.

In Utah, Medicaid benefits are provided both directly by the state (Medicaid Fee-For-Service or FFS) and via private managed care plans (MCPs). These insurers have contracts with the Utah...
Department of Health and Human Services. About 84% of Medicaid beneficiaries are enrolled in the managed care program.

The state’s program covers childless adults under 65 up to 138% of the federal poverty level (FPL) and pregnant women up to 144% of FPL.

In Utah, low-income children are covered both through Medicaid and through a separate CHIP program. Through Medicaid, Utah covers children ages 0 to 5 in households with income up to 144% FPL and children ages 6 to 18 in households with income up to 138% FPL. Through CHIP, Utah expands coverage to children in households with income up to 205% FPL. Approximately 21% of all births in Utah are covered by Medicaid.

Employer-sponsored insurance
In Utah, 1,994,400 people are covered by employer-sponsored insurance (ESI), or 60% of the total state population (2022 data). Approximately 38.9% of Utah employers offer ESI. However, offer rates vary significantly by size of firm. In Utah, 95.8% of large firms (50 or more employees) offer ESI, while only 23.3% of small employers offer ESI.

In Utah, approximately 43.1% of private sector businesses that offer health insurance self-fund at least one health plan. For large firms (50 or more employees) that offer health insurance, 62.7% self-fund at least one health plan.

Individual Market Insurance
Approximately 9.8% of Utahns are enrolled in the individual market (2022 data). Of those, in 2023, 295,196 Utahns selected a plan through the Affordable Care Act (ACA) Marketplace, which in Utah is run by the federal government.

Individual market health insurance (both on- and off-Marketplace) is regulated under state law. Utah enforces the Affordable Care Act’s consumer protections through the Utah Insurance Department.

Other Coverage
Some Utahns are enrolled in other forms of insurance coverage, such as coverage for the military (TRICARE or U.S. Veterans Administration), which covers 1.1%, or 37,300 Utahns.

The Uninsured
Approximately 8.1%, or 267,700 Utahns are uninsured (2021 data). Utah’s uninsured rate falls slightly above the national average of 8.0% uninsured. Among the non-elderly, Hispanic people have the highest uninsured rate (22.2%), followed by American Indians (20.7%), and Asian American residents (13.4%). White residents have the lowest uninsured rate (5.9%). Lack of insurance is also highly correlated with income. Approximately 17.5% of non-elderly people under 100% FPL are the uninsured in Utah, while just 4.9% of non-elderly people over 400% FPL are uninsured.
State Regulators: Utah

CMS is responsible for the oversight of Medicare Advantage plans. The CMS Regional Office for Utah is based in Denver. Contact information is available here.

Utah Insurance Department (UID)
The Utah Insurance Department (UID) regulates the business of insurance in the state of Utah. For health insurance companies, Utah is responsible for:

- **Licensure**: All insurers operating in the state must demonstrate that they are financially solvent and capable of paying claims. After initial licensure, companies must file financial information with UID on a regular basis. The state provides a lookup tool for state-licensed insurers.

- **Form review**: UID reviews health insurers’ contracts and covered benefits to ensure that they comport with state law, including state benefit mandates and network adequacy standards. UID also enforces consumer protections under the ACA, mental health parity, and other federal laws.

- **Rate review**: UID collects data from health insurers about their projected premium increases or decreases and may approve or reject the proposed rate changes. Current rate filings and their approval status are available here. UID also makes a health insurance transparency tool available that allows consumers to compare quality measures across insurance companies and participate in the rate review process.

- **Marketing**: UID is responsible for oversight of insurers’ marketing tactics and discouraging unfair or deceptive tactics. The agency also licenses and provides oversight over insurance agents and brokers. The state provides a lookup tool for state-licensed agents and brokers.

- **Enforcement**: UID has authority to enforce state and federal insurance laws. Their enforcement tools can range from requesting a corrective action, issuing a cease and desist order, imposing fines, or seeking an injunction. Consumers can file a complaint with the UID here. Financial and market conduct examination reports can be found here.

- **Appeals**: Under the Affordable Care Act, insurers must provide enrollees with the right to an external, independent appeal. UID manages the external review process for insured individuals. Consumers can request assistance with the appeals process here.

UID publishes annual reports including one that provides an annual overview of the state’s health insurance market, a general annual department report, as well as occasional studies related to issues such as access to affordable insulin and coverage of in vitro fertilization.

Utah Department of Health and Human Services

Utah Department of Health and Human Services (DHHS) runs the state’s Medicaid program. The Department contracts with a number of managed care plans to provide care to approximately 84% of the state’s Medicaid recipients. In Utah, managed care contracts follow the Accountable
Care Organization (ACO) model, which requires them to adhere to certain quality and access criteria while reimbursing providers through value-based payments instead of FFS payments. DHHS produces annual reports with data on the state’s Medicaid and CHIP populations, enrollment levels, funding and expenditure, provider participation, and utilization of services. It also releases monitoring reports on the progress of certain demonstration programs and publishes a number of manuals and education materials for both providers and members.

The Utah Office of Inspector General of Medicaid Services is responsible for overseeing the providers participating in the Medicaid program, and produces annual reports on fraud, abuse, and waste in the program. The Bureau of Managed Health Care within the department is responsible for oversight of all the private managed care entities it contracts with to provide services to enrollees, and the bureau’s latest Managed Care Quality Strategy is available here.

Other Sources of Information
Health Insurance Navigators, Agents and Brokers (collectively, “consumer assisters”) Although Utah’s health insurance Marketplace is run by the federal government, CMS provides grants to local organizations called “Navigators” that are tasked with assisting consumers to determine eligibility for subsidized coverage programs and helping them with post-enrollment questions. Utah-based health insurance agents and brokers perform similar consumer assistance functions, and are generally paid on a commission basis. These consumer assisters can be helpful sources of information about health insurance and the challenges consumers face. They can be located through the “Find Local Help” search portal on HealthCare.gov.