

# Utah's Medicaid Reform 1115 Demonstration

Project Number: 11-W-00145/8 & 21-W-0054/8

## Quarterly Monitoring Report

Reporting Period:      Demonstration Year: 21 (7/1/22-6/30/23)  
                                 Demonstration Quarter: 1 (7/1/22-9/30/22)

## Executive Summary

The Utah Medicaid Reform 1115 Demonstration is a statewide demonstration that gives the Utah Department of Health and Human Services (DHHS) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. This demonstration was originally approved in February 2002 for the Primary Care Network (PCN) program and Current Eligibles population. The Demonstration was implemented July 1, 2002 and is now in year 21. Over the years, additional programs and benefits have been authorized under the demonstration. On June 30, 2021, Utah submitted a demonstration renewal request that was approved by CMS on June 30, 2022. With this renewal, the name of the demonstration is now the Utah Medicaid Reform 1115 Demonstration. This current demonstration has approval through June 30, 2027.

The demonstration authorizes the following programs and benefits:

- Adult Expansion- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL).
- Aged Dental-Provides state plan dental benefits to Medicaid eligible individuals age 65 and older.
- Current Eligibles/Non-Traditional Benefits- Provides a slightly reduced benefit package for adults receiving Parent/Caretaker Relative (PCR) Medicaid.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, who are blind or have disabilities.
- Employer Sponsored Insurance- Individuals in the Adult Expansion group are required to enroll in employer sponsored insurance (ESI), if it is available to the eligible individual.
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from another state up to age 26.
- Housing Related Services and Supports (HRSS)- Provides housing related services and supports in the form of tenancy support, community transition and supportive living services to TAM enrollees experiencing homelessness, food or transportation insecurity, or interpersonal violence and trauma.
- Intensive Stabilization Services (ISS) - Allows the state to provide intensive stabilization services to Medicaid eligible children and youth under age 21, who are in state custody, or at risk of state custody, and experiencing significant emotional and/or behavioral challenges.
- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)- Provides expenditure authority for services furnished to eligible individuals ages 21 through 64 who receive treatment for a SMI, and who are short-term residents in facilities that meet the definition of an IMD.
- Substance Use Disorder (SUD) Residential Treatment- Provides coverage of SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid eligible individuals.

- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid eligible individuals who are receiving Substance Use Disorder (SUD) treatment.
- Targeted Adult Medicaid- Provides state plan Medicaid benefits to a targeted group of adults without dependent children.
- Utah's Premium Partnership for Health Insurance (UPP)-Provides premium assistance to help pay the individual's or family's share of monthly premium costs of employer-sponsored insurance or COBRA.
- Utah Medicaid Integrated Care (UMIC)- Allows the state to operate an integrated managed care pilot combining physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population).

Over the five-year approval period, Utah seeks to achieve the following goals:

- Provide health care coverage for low-income Utahns eligible under the demonstration who would not otherwise have access to, or be able to afford, health care coverage;
- Improve beneficiary health outcomes and quality of life;
- Lower the uninsured rate of low income Utahns;
- Provide continuity of coverage for individuals eligible under the demonstration;
- Increase access to primary care;
- Reduce uncompensated care provided by Utah hospitals;
- Reduce barriers to health care and housing, an important social determinant of health;
- Increase the utilization of preventive dental services, while reducing emergency dental procedure costs;
- Improve access to services across the continuum of care;
- Provide for better care coordination for individuals transitioning to community-based care
- Reduce the utilization of emergency departments and inpatient hospital settings for treatment where utilization is preventable or medically inappropriate; and
- Reduce the overdose death rate.

## Key Events and Operational Updates

### Current Eligibles

Currently, the demonstration allows for slightly reduced below state plan benefits for Current Eligibles including by not providing the 19- & 20-year-olds with early and periodic screening, diagnosis, and treatment (EPSDT) services. In 2002, the state received approval to create savings to fund Demonstration Population I, formerly known as Primary Care Network (PCN), or non-disabled individuals ages 19-64 with incomes at or below 95 percent of the federal poverty level (FPL) (effectively 100 percent with the five percent income disregard). However, this demonstration expenditure authority expired on April 1, 2019, when the state transitioned these beneficiaries to the Adult Expansion Population. With the recent demonstration renewal, CMS is requiring the state to move this population fully into the state plan. In order to provide a transition time to handle system changes and beneficiary notifications, CMS

is allowing the state until December 31, 2023, to make this change. In addition, members of the Adult Expansion Population with dependent children fall into this same provision and will also have uniform, state plan benefits by December 31, 2023. The state is actively working on moving these populations into the state plan.

### Adult Expansion

The State continues to see an increase in enrollment for this demonstration population. During this demonstration quarter, the state continued to ensure Medicaid members who were eligible at the start of the public health emergency remain eligible until the emergency ends.

### Housing Related Services and Supports

On March 4, 2022, the state received approval from CMS on the Housing Related Supports and Services (HRSS) amendment application. This demonstration will provide housing related services and supports in the form of tenancy support, community transition and supportive living services to TAM enrollees experiencing homelessness, food or transportation insecurity, or interpersonal violence and trauma.

During this demonstration quarter, HRSS staff continued to meet with interested providers to introduce the program and answer questions. A guidance document and a care plan template were created for providers and the HRSS program website is up and running. HRSS staff will focus on providing training to more rural communities in the coming months.

The programming to allow providers to enroll and bill for HRSS is in the final testing phase. Once programming has been completed, HRSS staff will reach out to interested providers to assist them with HRSS enrollment and provide training on the authorization process and program requirements. The state anticipates a HRSS implementation date prior to December 1, 2022.

The state submitted a Quality Improvement Strategy (QIS) for the Housing Related Services and Supports (HRS) amendment that is awaiting approval from CMS.

### Adult Expansion-Employer Sponsored Insurance

All individuals enrolled in ESI did not lose eligibility during this demonstration quarter due to the public health emergency.

Below are the number of individuals who received an ESI reimbursement for each month of the demonstration quarter, as well as the total ESI expenditures.

ESI Enrollment and	July 2022	August 2022	September 2022

Total Payments Issued <sup>1</sup>			
Enrollment	676	690	750
Total Payments Issued	\$82,888.95	\$85,313.35	\$93,164.20

There was a steady increase<sup>1</sup> in the number of ESI enrollees and corresponding payments issued during this demonstration quarter. Programming changes made in the last demonstration year continue to help reduce the number of incorrect payments being made. In addition, case accuracy continues to improve due to the specialized ESI review team implemented in December 2021. Nonetheless, these changes are still fairly new, and more time is needed to better understand the impacts. The state continues to offer education to employers on how to correctly complete an ESI referral form. During this demonstration quarter, the state has seen a dramatic decrease in the number of incorrect referral forms.

### Dental Benefits for Targeted Adults, Aged, Blind and Disabled Medicaid Members

Dental services for Targeted Adult Medicaid members undergoing substance use disorder as well as aged, blind and disabled individuals continue to be provided through the University of Utah School of Dentistry (UUSOD) or their associated statewide network of providers through fee-for-service Medicaid. These individuals can receive porcelain and porcelain-to-metal crowns as well as denture coverage. Denture coverage allows for the replacement of upper and lower dentures once every five years when medically necessary. EPSDT and pregnant women are also eligible for dental crown coverage and can also receive Silver Diamine Fluoride. In addition, EPSDT, aged, blind, disabled, TAM dental and pregnant women are eligible to receive posterior resin-based composite restorations.

As of July 1, 2022, an increased reimbursement rate was applied for all porcelain crown dental services and effective August 1, 2022, an increased reimbursement rate was also applied for endodontic services.

An increase in provider availability as well as outreach efforts continued this demonstration quarter. As a result, the state anticipates future enrollment changes.

<sup>1</sup> Data Source: MMIS, ESI Case Paid Detail Report.

## Intensive Stabilization Services (ISS)

During this demonstration quarter, Stabilization and Mobile Response (SMR) Administrators were able to submit the following ISS claims to Medicaid for the 1115 Demonstration.

Region Administrator	July 2022	August 2022	September 2022	Total
Northern	29	27	0	56
Southwest	0	0	0	0
Western	0	0	0	0
Eastern	0	0	0	0

SMR Administrator	Projections/goals
Northern Region (Davis Behavioral Health)	Began billing in FY22 generating 719 billings. Beginning in FY23, the Northern Region was split between three different administrators. Billing has resumed, but volume of billings may be lower due to the delineation of one administrator to three.
Northern Region Weber Human Services	In July, Weber Human Services began operations as their own administrator, as historically they had submitted claims through Davis Behavioral Health as a contractor. Weber Human Services is exploring whether the current workforce and administrative burden associated with monitoring and implementing the 1115 waiver to fidelity is feasible. Initial conversations occurred with this administrator in October of 2022, and updates are expected in November 2022.
Northern Region Bear River Mental Health	In July, Bear River Mental Health began operations as their own administrator, as historically they had submitted claims through Davis Behavioral Health as a contractor. Bear River Mental Health is exploring whether the current workforce and administrative burden associated with monitoring and implementing the 1115 waiver to fidelity is feasible. Initial conversations occurred with this administrator in October of 2022, and additional meetings will be scheduled in November 2022.

<p>Southwest Region (Southwest Behavioral Health)</p>	<p>At this time, no available projections for billing are available and Southwest is evaluating whether delivery of the model is feasible with current workforce and client expectations. At this time, though still considering, Southwest Behavioral Health does not believe they will have the workforce or administrative capacity to bill for 1115 Demonstration ISS services. Conversations around barriers are ongoing and solutions are being explored. No anticipated billings for the remainder of the year.</p>
<p>Salt Lake Region (Primary Children's): This administrator is funded by a two-year in-kind donation from Intermountain Healthcare and therefore the provider is not billing ISS until after the donation period to avoid conflicts with procurement.</p>	<p>No changes. To explore billing in SFY23 following competitive RFP and award contract in the third quarter of FY 2023. No estimated billings in the next annual year.</p>
<p>Eastern Region (Four Corners Community Behavioral Health) Finalizing SMR Administrator and subcontracting approach to serving the region. Partial Eastern Region SMR Administrator was operational in Spring 2021.</p>	<p>At this time, no available projections for billing are available and Four Corners Behavioral Health is evaluating whether delivery of the model is feasible with current workforce and client expectations. At this time, though still considering, FourCorners Behavioral Health does not believe they will have the workforce or administrative capacity to bill for 1115 Waiver ISS services. Conversations around barriers are ongoing and solutions are being explored. No anticipated billings for the remainder of the year.</p>
<p>Western Region</p>	<p>Western Region began services in 2022, and preliminary administrative process meetings are scheduled for the next quarter to offer technical assistance to access billing. Still anticipating a limited volume of billings in the Western Region due to ongoing staffing shortages to deliver services according to the HCBS requirements. Limited billings of 60-120 billings expected in the next year providing that workforce shortages are resolved, and subcontracting is successful and able to meet fidelity program and HCBS requirements.</p>

No other updates related to the Salt Lake Region, where sustainability has not been achieved within the framework originally proposed. No additional legislative appropriations were awarded for Stabilization

and Mobile Response, but state general fund monies will be used to support children and youth crisis and crisis stabilization programming that is consistent with Stabilization and Mobile Response standards. The program will be pursued through a competitive RFP. The process for this has been initiated within DHHS contracting procedures.

## Targeted Adult Medicaid

The state continues to cover the following subgroups under the Targeted Adult Medicaid (TAM) program:

- Chronically Homeless. These individuals are:
  - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months, or on at least four separate occasions totaling at least 12 months in the last three years and have a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, a chronic illness or a disability.
  - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for a total of six months within a 12-month period and have a diagnosable substance use disorder, serious mental health disorder, diagnosable developmental disability, or post-traumatic stress disorder.
  - victims of domestic violence and living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.
  - previously homeless and living in supportive housing.
- Justice Involved. These individuals are in need of substance use or mental health treatment and:
  - have completed a substance use disorder treatment program while incarcerated in jail or prison;
  - are on probation or parole and have a serious mental illness or substance use disorder;
  - are court ordered to receive substance abuse or mental health treatment through a district or tribal court;
  - were discharged from the State Hospital and admitted to the civil unit.
- Individuals Needing Treatment. These individuals are:
  - discharged from the State Hospital due to a civil commitment; or
  - currently receiving General Assistance (GA) from DWS and have been diagnosed with substance use or a serious mental health disorder.

During this demonstration quarter, three new TAM providers were added, and one additional agency expressed interest in becoming a future TAM provider.



The state continues to monitor when agencies send outdated forms to DWS. Updated training and ongoing communication continue with all TAM agencies.

Movement between TAM and Adult Expansion Medicaid continues to pose challenges due to differences in program benefits, causing disruption in the continuity of care. This includes TAM being fee-for-service while Adult Expansion falls under managed care. Lack of dental benefits for Adult Expansion Medicaid also continues to pose challenges. The state is continuing to discuss ways to improve these processes.

### **Demonstration Population III-Premium Assistance (UPP)**

Enrollment for this demonstration population remains stable. During this demonstration quarter, the state continued to ensure Medicaid members who were eligible at the start of the public health emergency remain eligible until the emergency ends. The state may increase the maximum premium assistance subsidy amount each subsequent fiscal year for this demonstration, subject to the appropriation of additional funding. The maximum premium reimbursement amount applicable to a particular beneficiary will not exceed the individual/family's share of premium costs.

### **Utah Medicaid Integrated Care**

Utah Medicaid Integrated Care (UMIC) was implemented on January 1, 2020, and allows the state authority to:

- Enroll 1115 demonstration populations in managed care plans;
- Create and operate an integrated managed care pilot combining the physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population);
- Enroll beneficiaries who are not enrolled in integrated care, in Utah's Accountable Care organizations for their physical health service delivery system, and in Prepaid Mental Health Plans (PMHP) for their behavioral health services delivery system; and,
- Receive expenditure authority to add behavioral health services authorized under the demonstration for those enrolled in managed care.

From July 1, 2022, to September 30, 2022, enrollment in the UMIC plans increased from 83,194 beneficiaries to 85,686 beneficiaries. This growth reflects the PHE guidelines to not disenroll Medicaid beneficiaries, and therefore may have a significant change once the PHE ends.

Utah Medicaid is contracted with Health Choice of Utah, SelectHealth Community Care, Healthy U, and Molina to administer the UMIC plans. The UMIC plans operate in five of Utah's urban counties; Weber, Davis, Salt Lake, Utah, and Washington and serve Medicaid expansion beneficiaries in these areas.

The UMIC plans and contracted providers continue to work through normal operational issues. There are no major issues or concerns to report for this quarter.

## Former Foster Care Youth from Another State

As of January 1, 2023 under Section 1002 of the SUPPORT Act, states must cover former foster care youth who received Medicaid at the time they aged out of foster care, regardless of the state they lived in at the time of age-out. These changes are effective for youth who turn 18 on or after January 1, 2023. The state will submit a state plan amendment to cover these individuals effective January 1, 2023, and continue to use the 1115 demonstration to cover existing individuals until they reach the age of 26. Therefore, the state will plan to phase out this demonstration effective December 31, 2030.

## Suspension of Medicaid Benefits

The state continues to suspend benefits for incarcerated Medicaid members, allowing quick access to much needed Medicaid covered services as they are released from incarceration and transition back into the community.

The table below details the number of individuals in each demonstration population whose Medicaid benefits were in suspension status due to incarceration for each month of the demonstration quarter. This includes individuals who may have had benefits suspended in a prior month but remain suspended. Demonstration populations are only listed if an impacted individual was placed in suspense status.

### *Number of Individuals with Medicaid Suspended<sup>2</sup>*

Demonstration Population	July, 2022	August, 2022	September, 2022	Total
Adult Expansion	855	849	789	2,493
Dental-Blind/Disabled	57	66	65	188
Targeted Adult Medicaid	886	941	801	2,628
Current Eligibles	82	82	78	242
Dental- Aged	9	9	9	27
<b>Total</b>	<b>1,889</b>	<b>1,947</b>	<b>1,742</b>	<b>5,578</b>

<sup>2</sup> Data Source: Dept. of Workforce Services Cognos Report- "401-Suspension of Benefits"

## Enrollment<sup>3</sup>

The table below details the monthly enrollment numbers for the demonstration quarter, for each demonstration group covered under the 1115 Demonstration. Adult Expansion enrollment continues to increase each month. Enrollment for TAM and UMIC also increased each month during this demonstration quarter. In addition, with the implementation of employer-sponsored insurance for the Adult Expansion population, enrollment in ESI has increased each month as additional individuals are identified as having access to ESI. During this demonstration quarter, the state continued to ensure Medicaid members who were eligible at the start of the public health emergency remain eligible until the emergency ends.

Demonstration Population	July 2022	August 2022	September 2022
Current Eligibles-PCR	39,969	40,166	39,885
Adult Expansion	118,033	120,193	122,283
Employer-Sponsored Insurance	784	823	849
COBRA	0	0	0
Targeted Adults	9,072	9,226	9,519
Targeted Adult Dental	281	315	286
Demonstration Population III, V, VI-Premium Assistance	185	185	185
Dental-Blind/Disabled	45,546	45,600	45,611
Aged Dental	389	511	407
Substance Use Disorder Residential Treatment	684	631	417
Utah Medicaid Integrated Care	83,194	84,340	85,686

<sup>3</sup> Enrollment as of November 4, 2022. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

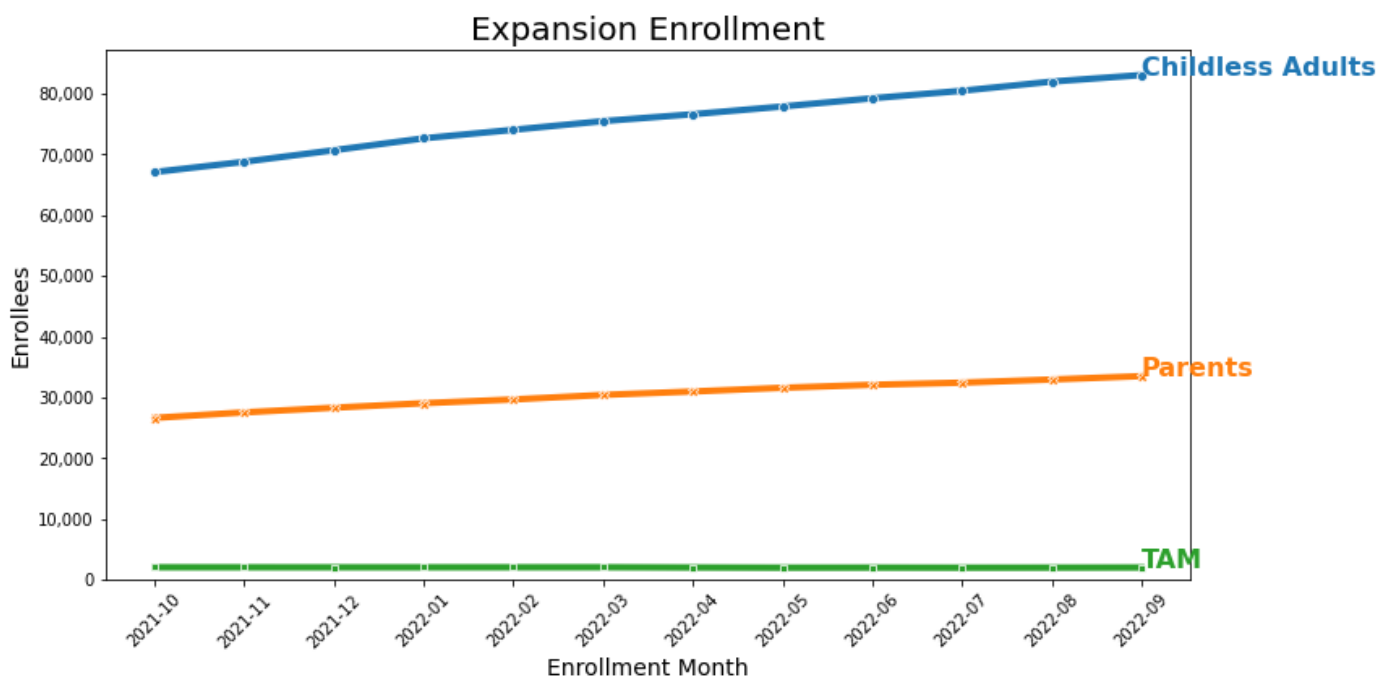
ISS	0	0	0
SMI	64	72	43
Former Foster Care Youth	15	16	15

## Medicaid Expansion Enrollment

Below is detailed data on expansion enrollment by subgroup.

### Expansion Enrollment by Subgroup<sup>4</sup>

SERVICEMONTH	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09
<b>EXPANSIONGROUP</b>												
<b>Childless Adults</b>	67,100	68,793	70,698	72,653	74,055	75,481	76,615	77,888	79,238	80,472	81,982	83,060
<b>Parents</b>	26,649	27,560	28,324	29,065	29,685	30,430	30,992	31,600	32,096	32,443	32,962	33,515
<b>TAM</b>	2,065	2,063	2,060	2,062	2,066	2,070	2,031	2,001	2,013	1,999	2,010	2,031
<b>Total</b>	95,814	98,416	101,082	103,780	105,806	107,981	109,638	111,489	113,347	114,914	116,954	118,606



## Targeted Adult Medicaid and Substance Use Disorder Treatment

Below is detailed data on enrollment and expenditures for the TAM population. TAM members continue to utilize the majority of SUD residential treatment amongst Medicaid recipients. As previously stated, the increase in homelessness may be due to COVID-19 while the increase in probation/parole may be due to program improvement efforts and increased communication with TAM agencies. The decrease in court ordered treatment and drug/mental health court may be due to TAM provider’s confusion on the order of hierarchy. As previously stated, policy changes have been made to clarify the hierarchy between TAM and its sub-groups.

<sup>4</sup> Enrollment as of November 4, 2022. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

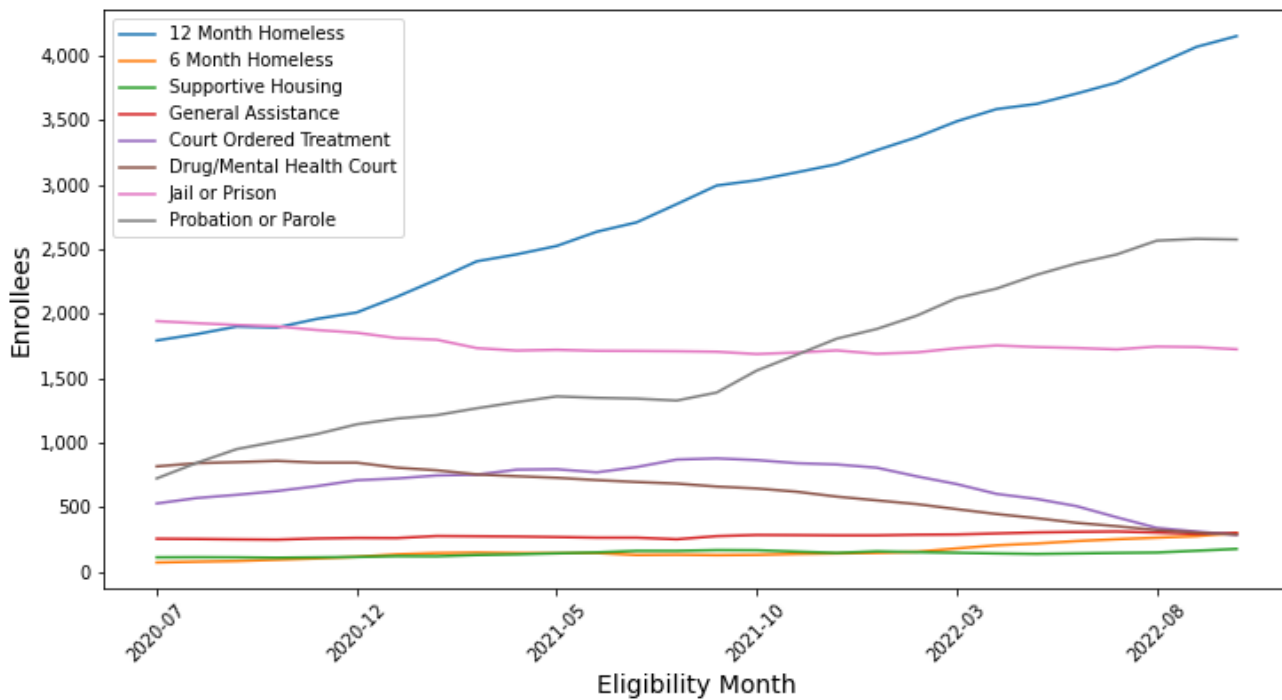
## TAM Enrollment by Month<sup>5</sup>

FY 2022:

	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06
<b>12 Month Homeless</b>	2,707	2,848	2,992	3,033	3,094	3,157	3,265	3,366	3,489	3,584	3,624	3,704
<b>6 Month Homeless</b>	131	133	130	132	139	143	147	156	182	206	220	239
<b>Supportive Housing</b>	163	163	169	168	157	147	159	153	148	143	139	143
<b>General Assistance</b>	265	253	277	286	285	283	283	288	290	298	306	310
<b>Court Ordered Treatment</b>	812	870	879	866	842	832	807	740	680	604	565	509
<b>Drug/Mental Health Court</b>	696	684	661	646	621	583	554	525	486	448	416	380
<b>Jail or Prison</b>	1,711	1,709	1,705	1,687	1,699	1,715	1,689	1,700	1,732	1,754	1,741	1,734
<b>Probation or Parole</b>	1,342	1,327	1,389	1,559	1,681	1,806	1,881	1,984	2,120	2,194	2,301	2,389

FY 2023:

	2022-07	2022-08	2022-09	2022-10
<b>12 Month Homeless</b>	3,789	3,928	4,066	4,149
<b>6 Month Homeless</b>	253	265	277	301
<b>Supportive Housing</b>	147	150	164	178
<b>General Assistance</b>	313	305	294	301
<b>Court Ordered Treatment</b>	423	341	312	288
<b>Drug/Mental Health Court</b>	354	324	305	289
<b>Jail or Prison</b>	1,723	1,745	1,741	1,724
<b>Probation or Parole</b>	2,458	2,565	2,579	2,574



<sup>5</sup> Enrollment as of November 4, 2022. Enrollment includes retroactive applications processed up to the run date. Enrollment numbers reported here are subject to change with future applications that may include retroactive coverage.

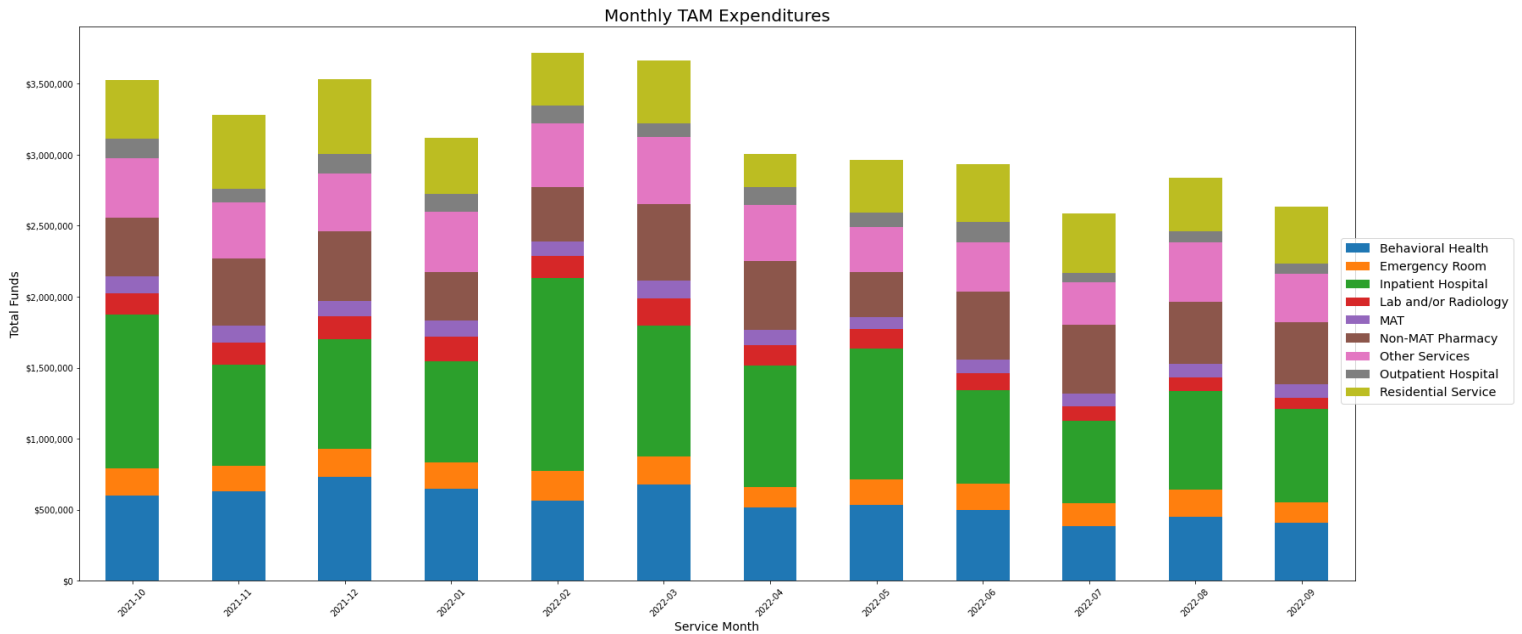
## Monthly TAM Expenditures<sup>6</sup>

Expenditures (1,000s)										FY 2022		FY 2023		Total
SERVICEMONTH	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09		
SERVICETYPE														
Behavioral Health	\$598	\$629	\$731	\$645	\$564	\$679	\$513	\$536	\$497	\$385	\$453	\$406	\$6,636	
Emergency Room	\$195	\$178	\$198	\$189	\$211	\$197	\$145	\$176	\$187	\$160	\$190	\$147	\$2,173	
Inpatient Hospital	\$1,078	\$714	\$773	\$715	\$1,355	\$923	\$855	\$923	\$658	\$580	\$694	\$656	\$9,923	
Lab and/or Radiology	\$154	\$158	\$160	\$173	\$156	\$189	\$147	\$134	\$121	\$100	\$95	\$79	\$1,666	
MAT	\$120	\$117	\$110	\$114	\$100	\$126	\$108	\$87	\$97	\$95	\$97	\$93	\$1,263	
Non-MAT Pharmacy	\$413	\$471	\$490	\$339	\$383	\$541	\$485	\$315	\$477	\$481	\$433	\$439	\$5,269	
Other Services	\$419	\$395	\$407	\$424	\$453	\$471	\$391	\$322	\$346	\$302	\$419	\$342	\$4,691	
Outpatient Hospital	\$135	\$96	\$134	\$124	\$127	\$95	\$128	\$99	\$142	\$61	\$79	\$72	\$1,292	
Residential Service	\$411	\$524	\$531	\$398	\$368	\$445	\$230	\$369	\$406	\$422	\$379	\$400	\$4,884	
<b>Total</b>	<b>\$3,523</b>	<b>\$3,282</b>	<b>\$3,534</b>	<b>\$3,119</b>	<b>\$3,717</b>	<b>\$3,665</b>	<b>\$3,002</b>	<b>\$2,960</b>	<b>\$2,931</b>	<b>\$2,587</b>	<b>\$2,840</b>	<b>\$2,634</b>	<b>\$37,796</b>	

Distinct Members Served										FY 2022		FY 2023		
SERVICEMONTH	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09		
SERVICETYPE														
Behavioral Health	475	482	533	508	499	520	434	470	460	407	414	390		
Emergency Room	224	227	235	218	219	222	198	207	203	188	185	190		
Inpatient Hospital	64	60	66	58	72	65	58	51	54	59	63	62		
Lab and/or Radiology	428	432	441	437	394	465	405	372	365	335	301	277		
MAT	276	278	285	287	256	288	243	247	252	248	248	246		
Non-MAT Pharmacy	685	677	701	672	668	715	665	568	639	604	630	651		
Other Services	2,046	2,045	2,037	2,043	2,047	2,054	2,024	1,984	1,993	1,973	1,991	2,017		
Outpatient Hospital	156	153	151	156	158	184	150	149	151	127	125	121		
Residential Service	141	169	155	136	140	156	77	140	128	108	100	90		
<b>Total</b>	<b>2,065</b>	<b>2,063</b>	<b>2,060</b>	<b>2,062</b>	<b>2,066</b>	<b>2,070</b>	<b>2,031</b>	<b>2,001</b>	<b>2,013</b>	<b>1,999</b>	<b>2,010</b>	<b>2,031</b>		

<sup>6</sup> Monthly expenditures represent total fund payments to providers. Expenditures may not precisely sum up to total due to rounding.

- These total fund amounts consist of federal funds, state restricted funds, and hospital share.
- Pharmacy expenses shown here are subject to future reductions due to rebates.
- The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service.



### Adult Expansion Utilization

The State will continue to report specific Adult Expansion metrics in the quarterly and annual reports. For this report, the State provides inpatient utilization and emergency department utilization data as well as initiation and engagement of alcohol or other drug abuse dependence treatment, all-cause hospital readmission, and follow-up after hospitalization for mental health or SUD within 7 days. The initiation and engagement of alcohol or other drug abuse dependence treatment graph represents data for this reporting period. The remaining graphs provide annual data.

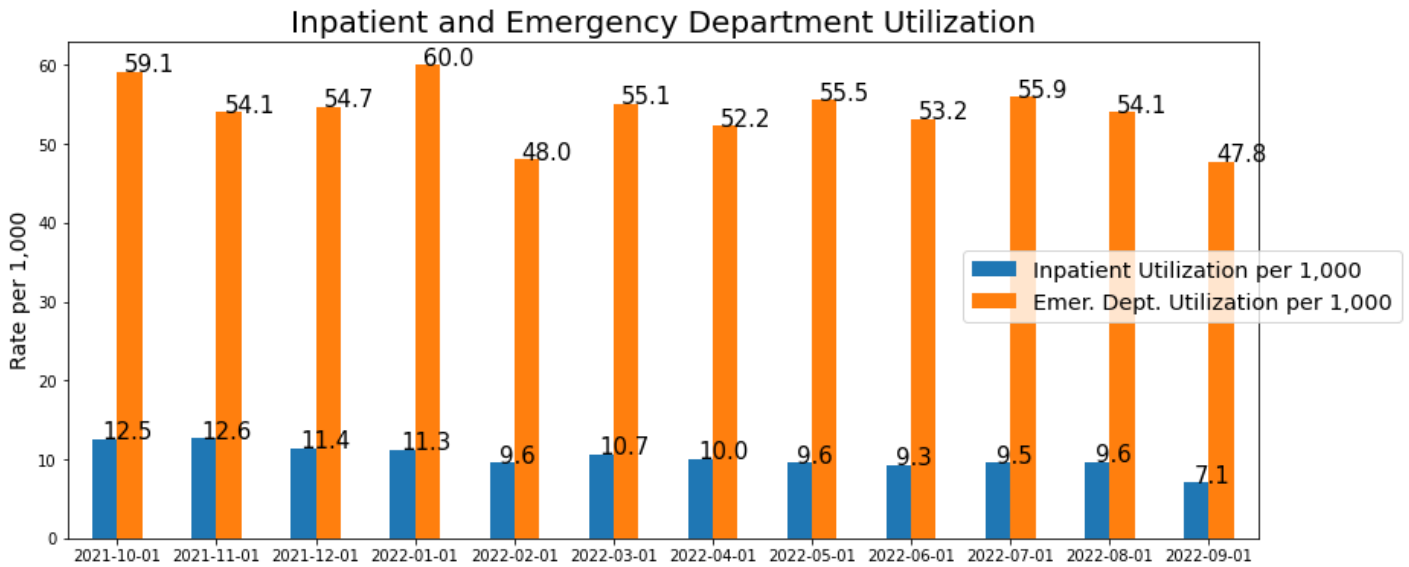
The State experienced a slight decrease in emergency department utilization each month during this demonstration quarter.

### Adult Expansion and ED utilization

	July 2022	August 2022	September 2022
<b>Members</b>	118,968	121,162	123,231
<b>Inpatient</b>	1,134	1,168	871
<b>Emergency Dept.</b>	6,653	6,549	5,887
<b>Inpatient Utilization per 1,000</b>	9.5	9.6	7.1

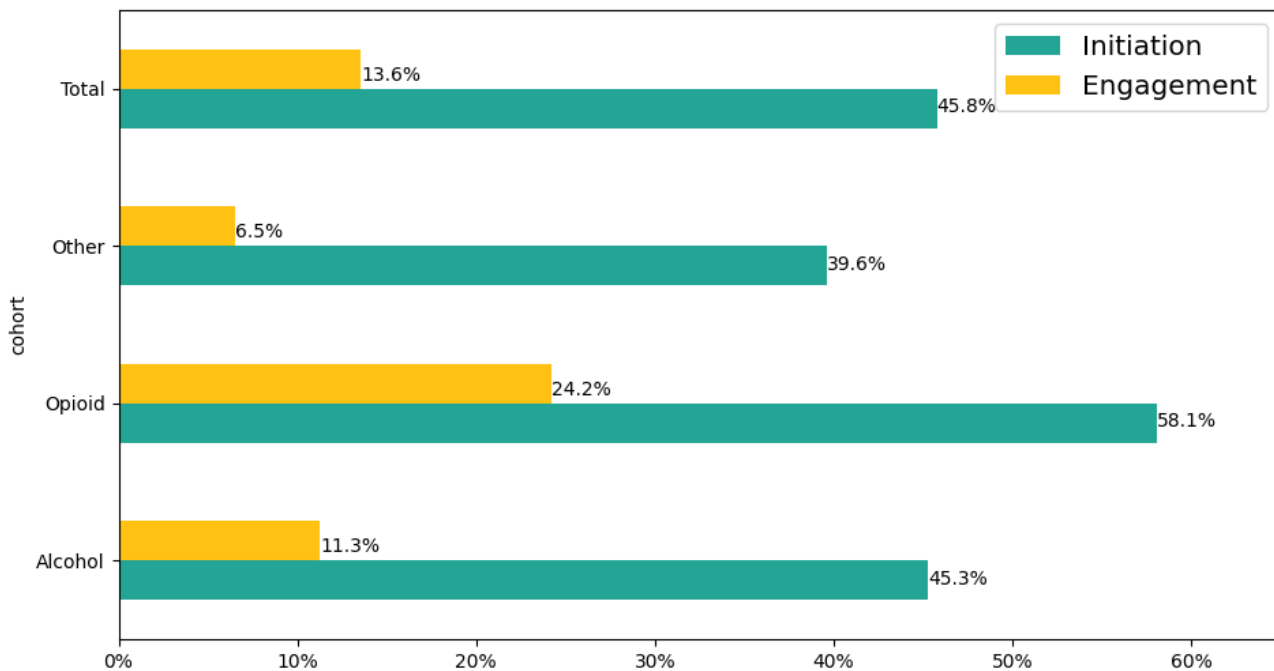


<b>Emer. Dept. Utilization per 1,000</b>	55.9	54.1	47.8
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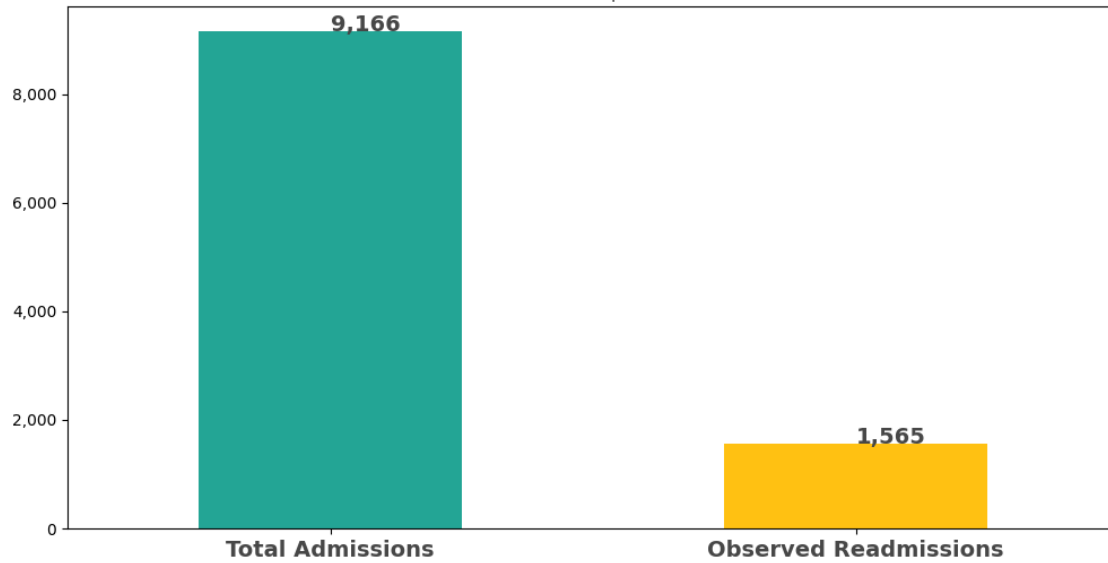
### Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members

2022-07-01 - 2022-09-30



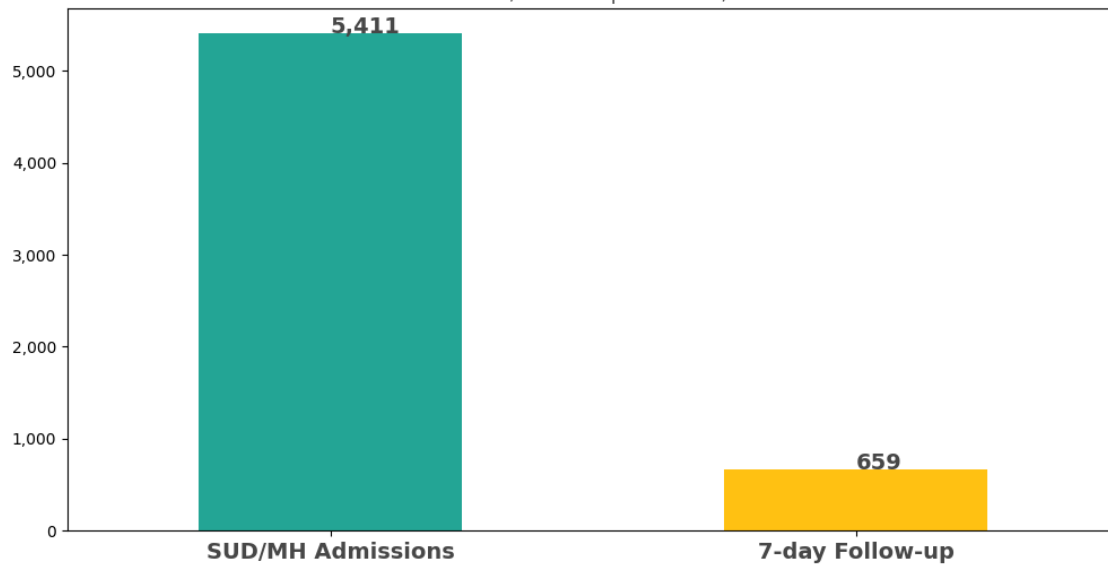
### All-cause Hospital Readmission for all AE Members: 17.1%

October 01, 2021 - September 30, 2022



### SUD/MH 7-day Follow-up Rate: 12.2%

October 01, 2021 - September 30, 2022



## Disenrollments

The State began identifying the number of disenrollments beginning in DY19, Q3. The table below identifies the number of disenrollments for DY21, Q1, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	July 2022	August 2022	September 2022
<b>Current Eligibles - PCR</b>	Customer Moved Out of State	170	170	255
	Customer Request	57	66	68
	Death	2	1	2
	Enrolled in error	2	1	0
	Fails Utah residency	0	0	0
	Request closed	3	3	3
	Other Admin <sup>7</sup>	7	13	13
<b>Adult Expansion</b>	Customer Moved Out of State	272	368	539
	Customer Request	146	152	192
	Death	38	46	50
	Enrolled in error	3	1	3
	Fails Utah residency	0	0	1
	Request closed	0	2	4
	Other Admin	119	98	112
<b>ESI</b>	Customer Moved Out of State	3	2	1
	Customer Request	0	0	0
	Other Admin	0	0	0
	Customer Moved Out of State	13	14	24

<sup>7</sup> "Other Admin" closure reason is used when our system is unable to close for the proper reason. Proper notice of closure is given to the member to explain the true reason for closure.

<b>Targeted Adults</b>	Customer Request	4	5	3
	Death	4	6	4
	Fails Utah residency	0	0	0
	Enrolled in error	0	0	0
	Other Admin	3	1	5
<b>Demonstration Population #3</b>	Customer Moved Out of State	0	0	3
	Customer Request	7	0	0
<b>Dental-Blind/ Disabled</b>	Customer Moved Out of State	0	0	0
	Customer Request	0	0	0
	Death	0	0	0
	Fails Utah residency	0	0	0
	Other Admin	0	0	0
<b>Aged Dental</b>	Death	0	0	0
	Other Admin	1	1	1
<b>Substance Use Disorder Residential Treatment</b>	Customer Moved Out of State	1	0	1
	Death	0	0	0
	Other Admin	0	0	0
<b>Former Foster Care Youth</b>	Customer Moved Out of State	0	0	1
	Other Admin	0	0	0
<b>Grand Total</b>		855	950	1285

## Anticipated Changes to Enrollment

### Adult Expansion Medicaid and ESI

As previously mentioned, the state continued to see an increase in Adult Expansion enrollment this demonstration quarter due to the Families First Coronavirus Response Act. The state continues eligibility for individuals during the emergency period to receive enhanced funding. This affected Adult Expansion enrollment as the state continued eligibility for these individuals, regardless of household changes.

The ESI requirement continues to require Adult Expansion individuals to enroll in and maintain enrollment in their available ESI or they will lose eligibility. However, all individuals enrolled in ESI did not lose eligibility during this demonstration year due to the public health emergency. The state anticipates most individuals to participate due to the state reimbursing individuals for the full amount of their monthly insurance premium.

### End of the Public Health Emergency

The state has developed a comprehensive eligibility unwinding plan to achieve our key objective of a smooth member transition. Our plan includes clear member communication, data transparency and a risk-based approach to prioritize members to review over the 12-month unwinding period. Until the public health emergency plan ends and the eligibility unwinding plan is in place, enrollment in Adult Expansion is expected to either remain stable or continue to steadily increase as it has during this demonstration year.

### Targeted Adults

As seen in the Total TAM Enrollment by Month table, enrollment has steadily increased for several subgroups during the demonstration quarter. As previously stated, the increase in homelessness may be due to COVID-19 while the increase in probation/parole may be due to program improvement efforts and increased communication with TAM agencies.

## Pending Amendments

Approval of the state's two pending amendments may also have an effect on enrollment. If coverage for justice-involved individuals is approved, the state anticipates an increase in enrollment in several Medicaid programs including Adult Expansion and Targeted Adult Medicaid. The state also anticipates a slight increase in enrollment if coverage for in vitro fertilization and genetic testing for Medicaid eligible individuals who have specific qualified conditions is approved.

## Benefits

As previously stated, the state anticipates a HRSS implementation date prior to December 1, 2022. No additional changes to benefits or utilization are anticipated at this time.

## Demonstration Related Appeals

Below are the demonstration related appeals for this demonstration quarter. Only impacted demonstration populations are listed.

Demonstration Group	July 2022	August 2022	September 2022	Total
Current Eligibles	1	0	3	3

There were three appeals during this demonstration quarter, all specific to Current Eligibles. All three were related to overpayments and the decisions were all affirmed.

## Grievances

### Constituent Affairs Grievances

Below is a chart of grievances received from members to our Medicaid Constituent Affairs Representative. The calls are benefit related questions or concerns. The state began collecting this information in DY19, Q3. Constituent affairs worked with all individuals to help resolve the issues. Data and summaries of the quarterly grievances are below.

Demonstration Group	July 2022	August 2022	September 2022	Total
Adult Expansion	1	1	0	2

There were two Constituent Affairs grievances filed during quarter one:

July:

- Adult Expansion: One member had a complaint regarding available transportation to and from a pharmacy. Prior authorization was obtained for the member to use covered transportation services to get to and from the pharmacy to obtain prescriptions.

August:

- Adult Expansion: One member had a complaint regarding obtaining medication assisted treatment and therapy through their assigned provider. The member was granted an agreement to seek services through an alternate provider.

### Accountable Care Organization (ACO) Grievances

Below are the number of grievances reported by the managed care plans for this demonstration

quarter. With the implementation of the Medicaid Managed Care Program Annual Report (MCPAR) in 2022, the managed care plans will begin reporting the grievance reason for each grievance. This will allow the State to report grievance reasons in a future 1115 demonstration monitoring report.

Demonstration Group	July 2022	August 2022	September 2022	<b>Total</b>
Adult Expansion	9	14	26	<b>49</b>
Current Eligibles	33	39	34	<b>106</b>
Substance Use Disorder Residential Treatment	1	0	0	<b>1</b>
UMIC	0	2	3	<b>5</b>
Former Foster Care Youth	0	0	0	<b>0</b>
<b>Total</b>	<b>43</b>	<b>55</b>	<b>63</b>	<b>161</b>

## Quality

### Eligibility Determination and Processing

As an indicator of quality, the state tracks application processing timeframes to determine if medical assistance applications are processed in a timely manner. The table below indicates available data for four of the demonstration groups. Data for other demonstration groups is not available because they are related to specific benefits issued, rather than programs.

### Application Processing-Average days to Approval <sup>8</sup>

Program Type	July 2022	August 2022	September 2022	<b>Avg. Total</b>
Current Eligibles-PCR	8.87	9.41	8.6	<b>8.96</b>
Adult Expansion	7.17	7.42	8.12	<b>7.57</b>
Targeted Adults	12.13	11.70	9.74	<b>11.19</b>
Premium Assistance UPP	40	N/A <sup>9</sup>	24	<b>21.33</b>

<sup>8</sup> Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"

<sup>9</sup> No approvals in the time period selected.

## Financial/Budget Neutrality

The budget neutrality documents for this demonstration quarter are being submitted to CMS separately. Please refer to these documents for detailed information on the state's budget neutrality.

## Financial-Anticipated Changes

The state will experience an increase in expenditures due to the expected continued increase in enrollment for Adult Expansion. The state also anticipates a continued increase in expenditures for all demonstration populations due to the continued COVID-19 public health emergency, as the state continues Medicaid eligibility for these populations, regardless of household changes (with few exceptions).

## Annual Public Forum

The state plans to hold the annual public forum during the January 2023 Medical Care Advisory Committee (MCAC) meeting. The state will report on the results of this forum in the DY21 Q3 report.

## Demonstration Evaluations

The state continues to contract with both Public Consulting Group, Inc. (PCG) and the University of Utah Social Research Institute (SRI) to conduct an evaluation of the following components of the state's demonstration:

PCG:

- Adult Expansion
- Employer-Sponsored Insurance Requirement (ESI)
- Utah Medicaid Integrated Care (UMIC)

SRI:

- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)
- Substance Use Disorder (SUD) Residential Treatment
- Intensive Stabilization Services (ISS)
- Aged Dental
- Targeted Adult Dental Benefits

## Evaluator updates and submissions

PCG:

- PCG continues to provide preliminary data results to the state on a regular basis.
- PCG submitted the Annual Progress Report in September 2022.

SRI:

- The revised Interim Evaluation was submitted in September 2022.
- The revised Aged Dental Evaluation Design was approved in September 2022.
- The revised ISS Evaluation Design was approved in September 2022.



- The revised SMI Evaluation Design was approved in September 2022.
- SRI submitted the Annual Progress Report in October 2022.

## Pending Amendment Requests

The following demonstration amendments are pending a decision from CMS:

- **Medical Respite Care:** This amendment seeks approval to allow temporary medical respite care for homeless individuals covered under Adult Expansion.
- **Medicaid Coverage for Justice Involved Populations:** Requests authority to provide Medicaid coverage for qualified justice-involved individuals. These individuals must have a chronic physical or behavioral health condition, a mental illness as defined by Section 62A-15-602 of Utah State Code, or an opioid use disorder. If approved, Medicaid coverage will be provided in the 30-day period immediately prior to release of the incarcerated individual from a correctional facility.
- **Fertility Treatment for Individuals Diagnosed with Cancer:** This amendment seeks approval to expand Medicaid coverage for fertility preservation for individuals diagnosed with cancer.
- **In Vitro Fertilization and Genetic Testing for Qualified Conditions:** Requests authority to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions.

As mentioned in previous monitoring reports, the state submitted an amendment to fulfill additional requirements of Senate Bill 96 “Medicaid Expansion Adjustments”. This amendment included the following provisions, which are pending a decision from CMS:

- Lock-out from the Medicaid expansion for committing an intentional program violation.
- Not allow hospitals to make presumptive eligibility determinations for the Medicaid Expansion.
- Require premiums for Adult Expansion members with income over 100 percent through 133 percent of the FPL.
- Require a \$10 surcharge for each non-emergent use of the emergency department after having received a warning for inappropriate use of the emergency department for Adult Expansion members with income over 100 percent FPL through 133 percent of the FPL.
- Implement defined flexibilities and cost savings provisions for the Medicaid Expansion through the state administrative rulemaking process within the parameters defined by the demonstration amendment.
- Additional flexibility for providing services through managed care for all Medicaid members.