

Managed Care in Utah

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

Utah first introduced managed care in 1982 through a waiver called **Choice of Health Care Delivery**, which gave the state authority to require traditional Medicaid beneficiaries (children, pregnant women, caretaker adults, aged and adults with disabilities) living in four urban counties to enroll in managed care. Over the years the types of managed care entities have changed (previously the State utilized PAHPs and PCCMs), and now individuals may choose one of four managed care organizations (MCOs), and the State defines these MCOs as their Accountable Care Organizations (ACOs). Individuals in rural counties may enroll voluntarily. MCO enrollees receive all acute, primary, pharmacy, and specialty care through a managed care plan, except that mental health and dental services are excluded (or “carved out”) and offered through other managed care entities as outlined below. The state also requires most Medicaid beneficiaries (except American Indians/Alaska Natives) to enroll in a prepaid ambulatory health plan (PAHP) to receive behavioral health services, which are managed by community mental health centers. Additionally, in 2013, the State began requiring pregnant women and children to enroll in one of two PAHPs for dental care.

In 2001, Utah began contracting with one vendor to provide prepaid **Non-Emergency Transportation** benefits, and was authorized under a 1915(b) waiver through January 2014 until this program terminated and transitioned to State plan authority. That same year the state piloted the **Healthy Outcomes Medical Excellence (HOME)** program, a small program that provides acute, primary, personal care services and behavioral health services to individuals with developmental disabilities using a medical home model of care; in 2006, the state transformed the HOME program into a risk-based, capitated MCO program, which contracts with one plan.

Participating Plans, Plan Selection, and Rate Setting

The state contracts with four managed care plans, **three of which are nonprofit, local plans** (Select Health (owned by Intermountain Healthcare), Health Choice of Utah, and Healthy U) and **one of which is a for-profit, national plan** (Molina). Utah selects plans through a competitive procurement and, though it historically set rates through negotiations with plans, as part of the ACO model the state will begin to set rates based on actuarial analysis.

Quality and Performance Incentives

Utah requires plans to report HEDIS data, and is exploring developing ACO-specific measures of quality. ACOs will be given flexibility to pursue innovative payment mechanisms that encourage quality care from its providers.

Table: Managed Care Program Features, as of August 2014

Program Name*	Choice of Health Care Delivery	Prepaid Mental Health Program	Choice of Dental Care Delivery	Healthy Outcomes Medical Excellence (HOME)	Non-Emergency Medical Transportation
Program Type	MCO	Mental Health PIHPs and PAHP	Dental PAHPs	MCO	PAHP
Program Start Date	July 1982	July 1991	September 2013	March 2001	July 2001; terminated 1/31/2014
Statutory Authorities	1915(b) 1115 (authority for parents and caretakers)	1915(b)	1915(b)	1915(a)	1915(b)
Geographic Reach of Program	Select Counties	Select Counties	Select Counties	Statewide	Statewide
Populations Enrolled (<i>Exceptions may apply for certain individuals in each group</i>)					
Aged	X	X		X	X
Disabled Children & Adults	X	X		X	X
Children	X	X	X		X
Low-Income Adults	X (poverty-level pregnant women only)		X (pregnant women only)		
Medicare-Medicaid Eligibles ("duals")	X (excludes partial duals)	X (excludes partial duals)			X
Foster Care Children	X	X	X	X	X
American Indians/Alaska Natives	X				
Mandatory or Voluntary enrollment?	Mandatory	Mandatory	Mandatory	Voluntary	Mandatory
Medicaid Services Covered in Capitation (<i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.</i>)					
Inpatient Hospital	X			X	
Primary Care and Outpatient services	X			X	
Pharmacy	X				
Institutional LTC					
Personal Care/ HCBS				X	
Inpatient Behavioral Health Services		X		X	
Outpatient Behavioral Health Services		X (excluded for foster children)		X	
Dental			X		
Transportation		X (excluded for foster children)			X

Program Name*	Choice of Health Care Delivery	Prepaid Mental Health Program	Choice of Dental Care Delivery	Healthy Outcomes Medical Excellence (HOME)	Non-Emergency Medical Transportation
Participating Plans or Organizations	<ol style="list-style-type: none"> 1. Select Access 2. Health Choice of Utah 3. Molina 4. Healthy U 	<ol style="list-style-type: none"> 1. Bear River Mental Health Services, Inc 2. Central Utah Counseling Center 3. Davis Behavioral Health 4. Four Corners Community Behavioral Health, Inc 5. Northeastern Counseling Center 6. Salt Lake County Behavioral Health 7. Utah County Department of Alcohol and Drug Prevention and Treatment 8. Southwest Center Behavioral Health Services 9. Valley Mental Health 10. Wasatch Mental Health 11. Weber human Services 	<ol style="list-style-type: none"> 1. Delta Dental 2. Premier Access 	<ol style="list-style-type: none"> 1. Healthy Outcomes medical Excellence (HOME), operated by the University of Utah Neurobehavior Clinic 	<ol style="list-style-type: none"> 1. Pick Me Up Transportation
Uses HEDIS Measures or Similar	X	X	X	X	X
Uses CAHPS Measures or Similar	X	X	X	X	X
State requires MCOs to submit HEDIS or CAHPS data to NCQA	X	NA	N/A	X	NA
State Requires MCOs Accreditation	X	NA	N/A	X	NA
External Quality Review Organization	UT Currently Procuring new EQRO Utah Department of Health's Office of Health Care Statistics				
State Publicly Releases Quality Reports	Yes				

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).

External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.

* The 2011 National Summary of State Medicaid Managed Care Programs also includes the Utah Primary Care Network, which is an 1115 waiver allowing the state to provide primary care services for an otherwise ineligible group of low-income adults. The program does not contract with managed care organizations and, therefore, has been excluded from the table.