

Utah's Medicaid Reform 1115 Demonstration

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

Annual Monitoring Report

Reporting Period: Demonstration Year 22 (7/1/2023-6/30/2024)

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 22. Over the years, additional programs and benefits have been authorized under the demonstration. The current demonstration has approval through June 30, 2027. This annual monitoring report will provide information for demonstration year 22.

The demonstration authorizes the following programs and benefits:

- Adult Expansion (AE)- 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 (ESI)- Individuals in the Adult Expansion group are required to enroll in employer sponsored insurance, if it is available to the eligible individual.
- Fertility Treatment for Individuals Diagnosed with Cancer - Provides fertility preservation for eligible individuals diagnosed with cancer and requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (i.e., infertility caused by treatment for cancer).
- 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.
- In Vitro Fertilization and Genetic Testing - Provides genetic testing services to eligible individuals, ages 18 through 35, diagnosed by a physician with a genetic trait associated with cystic fibrosis, morquio syndrome, sickle cell anemia, spinal muscular atrophy, or myotonic dystrophy.
- Intensive Stabilization Services (ISS) - Provides 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 an 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 (TAM)- 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 the 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.
- Improve access to fertility preservation services for Medicaid-eligible individuals diagnosed with cancer, as well as access to in vitro fertilization (IVF) services for individuals diagnosed with certain genetic disorders.

Key Events and Operational Updates

Unwinding Effort Update

During much of this demonstration year, the State continued to unwind Medicaid eligibility and resume normal operations. Medicaid Unwinding ended April 30, 2024, in Utah. It has led to significant changes in the Medicaid program.

Amendment Requests

During this demonstration year, the State submitted four amendment requests to CMS, three of which were submitted on July 27, 2023. The first amendment, submitted on July 27, 2023, was Dental Services for Medicaid-eligible Adults. Approval of this amendment would allow the State to provide dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services. The second amendment was Family Planning Services, also submitted on July 27, 2023. Approval of this amendment would allow the State to provide family planning services to a specific population. The third amendment submitted on July 27, 2023, was Chronic Conditions Support. Approval of this amendment would allow the State to provide additional Medicaid services to fee-for-service enrolled members with qualified chronic health conditions. The fourth amendment was Health Related Social Needs (HRSN) which was submitted to CMS on June 26, 2024. Approval of this amendment would allow the State to provide a defined set of HRSN services to individuals who meet qualifying criteria. This includes providing medical respite care to qualified AE and TAM members, as well as expanding HRSS benefits to qualified Medicaid members who, within the previous 12 months, were inmates of a correctional facility and received Justice Involved reentry services through the 1115 Demonstration Waiver. An additional request included changing the age eligibility for fertility preservation treatment for Medicaid-eligible individuals diagnosed with cancer. As of June 30, 2024, these amendments were pending a decision from CMS.

On May 18, 2023, the State submitted the Twelve-month Extended Postpartum Coverage Amendment which requested authority to provide twelve months of extended Medicaid coverage for certain postpartum women. The State's authorizing legislation for this demonstration amendment indicated that if this request was not approved by January 1, 2024, the State would submit a Medicaid state plan amendment consistent with the requirements described in Section 1902(e)(16) of the Social Security Act, which extends postpartum coverage to 12 months for pregnant individuals and provides continuous eligibility during that period. On September 8, 2023, CMS denied the amendment request. The State subsequently submitted a SPA with a January 1, 2024, effective date.

On February 29, 2024, CMS approved three of the State's pending amendment requests. The first was the UPP Premium Reimbursement Increase for Children Amendment which was submitted on April 10, 2023. Approval of this amendment allows the State to increase the maximum

reimbursement allowable for children under UPP, from \$120 per enrollee per month to a higher amount. The State will set future amounts through the state administrative rulemaking process, rather than by 1115 Demonstration amendment. This demonstration went into effect on May 1, 2024.

The second approved request was the State's Fertility Amendment for Individuals Diagnosed with Cancer which was submitted on December 30, 2021. This amendment expands Medicaid coverage for fertility preservation services for individuals diagnosed with cancer. This demonstration went into effect on May 1, 2024.

The third approved request was the In Vitro Fertilization and Genetic Testing for Qualified Conditions amendment, also submitted on December 30, 2021. This amendment provides in vitro fertilization services and genetic testing for Medicaid eligible individuals who have one of the following conditions: Cystic fibrosis, spinal muscular atrophy, Morquio syndrome, myotonic dystrophy, or sickle cell anemia. This demonstration also went into effect on May 1, 2024.

Adult Expansion

From July 1, 2023, to June 30, 2024, AE enrollment decreased from 115,617 enrollees to 72,484 enrollees. This decrease was expected due to the eligibility unwinding process, which began March 1, 2023, and was completed at the end of April 2024. During this demonstration year, no other significant changes took place for this population.

Adult Expansion-Employer Sponsored Insurance

The unwinding period for this population began in March 2023, and continued through the end of April 2024. During this demonstration year, there was a steady decrease in the number of Adult Expansion individuals required to purchase employer-sponsored insurance (ESI). This is due to the unwinding process as members were moved to Adult Expansion Medicaid and began to enroll in their ESI due to income changes that occurred during the PHE. In addition, some members transitioned from ESI coverage to UPP.

The conversion of some ESI individuals to twelve-month continuous postpartum coverage went into effect January 1, 2024. During this demonstration year, the State continued to offer education to employers on how to correctly complete an ESI referral form.

Below are the number of individuals who received an ESI reimbursement for the demonstration year.¹

¹ Cognos, "ESI Case Paid Detail" report.

	July '23	Aug. '23	Sept. '23	Oct. '23	Nov. '23	Dec. '23	Jan. '24 ²	Feb. '24 ²	March '24 ²	April '24	May '24	June '24
ESI Enrollment	853	830	823	802	788	742	695	643	668	652	634	613
Total ESI Payments Issued	\$96,870	\$97,226	\$96,574	\$94,290	\$94,336	\$90,598	\$97,846	\$144,854	\$148,944	\$133,849	\$144,840	\$145,982

Current Eligibles

Historically, this demonstration allowed for slightly reduced benefits by not providing 19 & 20-year-olds with early and periodic screening, diagnosis, and treatment (EPSDT) services. In addition, custodial parents/caretaker relatives in the Adult Expansion Population also received reduced benefits.

With the June 30, 2022, 1115 Demonstration renewal, CMS required the State to move these populations into a full state plan benefit. In order to provide a transition time to handle system changes and beneficiary notifications, CMS allowed the State until December 31, 2023, to make this change. The State successfully met this deadline and moved this population into full state plan benefits. The State will no longer report on this former Demonstration population.

Dental Benefits for Targeted Adult, Aged, and Blind and Disabled Medicaid Members

Dental services for Aged and Blind and Disabled members, as well as Targeted Adult Medicaid (TAM) members undergoing substance use disorder treatment, 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 covered dental services as defined in Utah Administrative Rule R414-49 Dental, Oral and Maxillofacial Surgeons and Orthodontia as well as the Dental Oral and Maxillofacial Services provider manual.

During this demonstration year, the following services were opened for EPSDT, Pregnant, Aged, and Blind/Disabled members, as well as TAM members undergoing treatment for substance use disorder:

- alveoloplasty and vestibuloplasty, when medically necessary for preparation for dental prosthetic placement
- periodontal maintenance for members being treated for periodontal disease.

² This data was incorrectly reported on the DY22, Q3 report. This report includes the correct data.

Fertility Treatment for Individuals Diagnosed with Cancer

As previously stated, the State received approval of the Fertility Treatment for Individuals Diagnosed with Cancer amendment on February 29, 2024. This amendment enables the State to provide fertility preservation for eligible individuals diagnosed with cancer and requiring treatment that may cause a substantial risk of sterility or iatrogenic infertility (i.e., infertility caused by treatment for cancer). Services covered under this once per lifetime benefit include the collection and storage of eggs or sperm and coverage for cryopreservation storage. Coverage for cryopreservation storage is covered as a single payment in five-year increments.

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. On February 2, 2023, the State submitted a state plan amendment to cover these individuals effective January 1, 2023. The State will continue to use the 1115 demonstration to cover existing and any newly eligible individuals who had aged out of foster care (under the 1115 demonstration authority) prior to January 1, 2023, until they reach the age of 26. The State is using a combination of system evidence to show these individuals are from another state, as well as their date of birth, both of which will help ensure coverage properly continues. The State will plan to phase out this demonstration effective December 31, 2030.

Housing Related Services and Supports (HRSS)

On March 4, 2022, the State received approval from CMS on the Housing-Related Services and Supports (HRSS) amendment application. Initially, this demonstration provided HRSS 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.

On February 29, 2024, CMS added the following risk factors to the HRSS program in order to align eligibility with the sub-groups of the TAM demonstration:

- Is living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for a total of six months within a 12-month period; and has a diagnosable substance use disorder or serious mental health disorder. At the option of the State, these criteria may be expanded to include individuals with a diagnosable developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability;
- Is a victim of domestic violence and living in or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter;
- Currently on probation or parole with a serious mental illness or substance use disorder;

- Court ordered to receive substance use or mental health treatment through a district or tribal court

During this demonstration year, HRSS staff continued meeting with community partners. During these meetings, HRSS staff discussed the program and encouraged the partners to become participating providers and ensured the organization's case managers knew they could refer the individuals they serve to other community services. These meetings took place both virtually and in-person. During this demonstration year, 30 presentations were provided to community organizations throughout the State. HRSS staff also provided program training which included program guidance, document requirements, technical instruction, steps for successful program enrollment, and billing and payments instruction. Individual file reviews and discussions focused on program quality was provided to 13 partnering community organizations throughout this demonstration year. This consisted of 23 in-person on-site visits. These file reviews led to additional training and program process reviews. In addition, HRSS staff continued to attend housing and health focused conferences and workshops and often presented the HRSS Program during breakout sessions.

HRSS staff continue to be available to answer program questions and assist with the billing process on an ongoing basis. Staff also continue to follow-up with interested agencies, offering detailed program discussions, technical assistance and connection to community partners who offer the program. In the fall of 2024, an in-person workshop will be held to allow service providers to connect with each other, present their own best practices, challenges and discuss lessons learned.

As a result of HRSS case management services, 248 individuals have moved into stable, affordable housing situations within their communities.

A Quality Improvement Strategy (QIS) for the Housing Related Services and Supports amendment is currently under CMS review. The State looks forward to the feedback from CMS and is prepared to implement recommended improvements that will enhance the effectiveness of the HRSS program.

In Vitro Fertilization and Genetic Testing

As previously stated, the State received approval of the In Vitro Fertilization (IVF) and Genetic Testing amendment on February 29, 2024. This amendment enables the State to provide genetic testing services to eligible individuals, preimplantation genetic testing of embryos, and IVF services to eligible individuals, ages 18 through 35, diagnosed by a physician with a genetic trait associated with cystic fibrosis, morquio syndrome, sickle cell anemia, spinal muscular atrophy, or myotonic dystrophy.

Intensive Stabilization Services (ISS)

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

Region Administrator	July '23	Aug. '23	Sep. '23	Oct. '23	Nov. '23	Dec. '23	Jan. '24	Feb. '24	Mar. '24	Apr. '24	May '24	June '24	Total
Northern (includes Weber, Bear River and Davis)	See below	See below	See below	See below	See below	See below	See below	See below	See below	See below	See below	See below	1,611
Weber	68	21	70	169	122	295	112	129	90	0	31	0	1,107
Bear River	0	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	0
Davis	18	176	39	86	0	0	9	38	67	28	25	18	504
Southwest	0	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	0
Western	0	0	1	3	3	3	5	5	17	0	0	0	37
Salt Lake	n/a	n/a	n/a	n/a	n/a	n/a	29	47	32	0	0	0	108
Eastern	0	0	0	0	0	0	n/a	n/a	n/a	0	0	0	0

SMR Administrator	Projections/goals
Northern Region Davis Behavioral Health	Beginning in FY23, the Northern Region was split between three different administrators. Billing has resumed for Davis Behavioral Health.
Northern Region Weber Human Services	Billing has resumed for Weber Human Services.
Northern Region Bear River Mental Health	The Office of Substance Use and Mental Health continues to encourage Bear River Mental Health to implement similar billing to Weber and Davis. However, billing for ISS is not currently in place and the primary concern offered by this partner is the inability to absorb the administrative burden associated with accessing the reimbursement methodology.
Southwest Region (Southwest Behavioral Health)	The Office of Substance Use and Mental Health continues to encourage Southwest Behavioral

	health to implement similar billing to Weber and Davis. However, billing for ISS is not currently in place and the primary concern offered by this partner is the inability to absorb the administrative burden associated with accessing the reimbursement methodology.
Salt Lake Region (Primary Children's):	Intermountain Healthcare reports that billing for ISS is now permitted in their electronic record system. IHC began billing ISS this quarter as detailed in the chart above.
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.	No changes. Eastern Region experienced contracting delays and substantial workforce shortages. Contracting has been successful with sub-contracted providers providing stabilization services. Limited billing of the 1115 Demonstration is expected in the next fiscal year. Four Corners has stated they plan to meet with other county ISS providers to understand how they bill for stabilization services.
Western Region	Intermountain Healthcare reports that billing for ISS is now permitted in their electronic record system. IHC began billing ISS this quarter as detailed in the chart above.

As detailed in previous quarters, within the Salt Lake Region, no additional legislative appropriations were awarded for Stabilization and Mobile Response, but state general fund monies were used to support children and youth crisis and stabilization programming. Through a competitive RFP, Intermountain Health was awarded the Stabilization and Mobile Response Contract in the Salt Lake Region. Intermountain Health is experiencing low numbers of stabilization services. Program growth and outreach will continue to be addressed in the next fiscal year. Expanding on this strategy, Intermountain Health will now offer stabilization services in a county (Tooele) where existing need has been established. Intermountain Health will continue to build out billing capabilities and processes to better utilize the 1115 Demonstration. Intermountain Health has begun to claim, and reports on continued growth, expansion and utilization of the 1115 Demonstration.

Within the Northern Region, Davis Behavioral Health and Weber Human Services continued to provide ISS and bill Medicaid. Details of services are provided in the Northern Region section of the above table. The program saw a decrease in services from previous years. Program changes, workforce shortages, and marketing efforts will continue to be addressed to increase the number of services provided. On September 8, 2024, the State will embark on a marketing campaign that may substantially impact referrals to stabilization services. Targeted outreach and education will also be

offered to support this. Billing in other areas of the State will continue to be encouraged through technical assistance and billing support with provider willingness. State program administration continues to see value, as do providers accessing and billing the rate, in the role of the 1115 Demonstration.

SUD/SMI

The SUD/SMI annual report for this demonstration quarter is being submitted to CMS separately. Please refer to these documents for detailed information on these demonstration populations.

Targeted Adult Medicaid

The State continues to cover the following subgroups under the 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 DY22, Q4, one new TAM referring agency was added and three additional providers expressed interest in becoming a TAM referring agency. One of the agencies did not meet the requirements and additional information has been requested from the remaining two to determine if they qualify.

During this demonstration year, twenty organizations expressed interest in becoming a TAM referral agency. Two agencies were approved, three agencies did not meet the requirements, eight are working towards approval, and seven have not followed through with providing the required information needed to determine if they qualify.

The State has continued to monitor the use and submission of its TAM referral forms to ensure they are completed by approved agencies and submitted appropriately. When a referral is submitted by an authorized agency on an outdated form, the State contacts the provider and provides the current form.

As seen in the enrollment table, the number of TAM members declined during the State's unwinding period. This decrease was expected due to the eligibility unwinding process, which began March 1, 2023, and was completed at the end of April 2024.

Demonstration Population III-Premium Assistance (UPP)

As currently approved under the demonstration, the maximum premium reimbursement amount applicable to a particular beneficiary will not exceed the individual/family's share of premium costs. As previously mentioned, the UPP Premium Reimbursement Increase for Children amendment was approved by CMS on February 29, 2024. The State is now allowed the flexibility of increasing the maximum premium reimbursement for children enrolled in UPP to an amount set by the State through administrative rule and within CHIP allotment limits.

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, 2023, to June 30, 2024, enrollment in the UMIC plans decreased from 76,295 enrollees to 49,162 enrollees. This decrease was expected due to the eligibility unwinding process, which began March 1, 2023, and was completed at the end of April 2024.

Utah Medicaid continues to contract with four Accountable Care Organizations (ACOs) to administer the UMIC plans, which include: Health Choice Utah, Healthy U, Molina Healthcare of Utah and Select Health. The UMIC plans continue to operate in five urban counties: Weber, Davis, Salt Lake, Utah and Washington.

The UMIC plans and the providers continue to work through typical operational issues. During this demonstration year there was continued improvement in claims processing issues as shown in both plan and provider reports. In addition, the managed care plans developed uniformed service authorization policies for substance use disorder residential treatment, mental health residential treatment, and inpatient psychiatric treatment. Prior to the implementation of a uniformed policy, each plan had a service authorization policy in place for these services, and variations in these policies posed difficulties for providers who have Network Provider agreements with more than one UMIC plan. The plans and providers have reported that the uniformed service authorization process is going well. The State has recently asked each plan to present an outline in one of the monthly UMIC meetings of the most common behavioral and physical health comorbidities they see. They have also been asked to discuss their approach to combat the comorbidities. UMIC monthly meetings include plan personnel, providers and division personnel. There are no major issues or concerns to report over the past year.

Suspension of Medicaid Benefits

On December 1, 2020, suspension of benefits was implemented for all Medicaid programs. When it is reported that an individual is incarcerated, the State will suspend Medicaid benefits until the individual is released from incarceration. The table below details the number of individuals in each demonstration population whose Medicaid benefits were in suspension status due to incarceration for the demonstration year. This includes individuals who may have had benefits suspended in a prior quarter but remain suspended. Demonstration populations are only listed if an impacted individual was placed in suspense status.

Number of Individuals with Medicaid Suspended.³

Demonstration Population	Quarter 1 (July-Sept. '23)	Quarter 2 (Oct.-Dec. '23.)	Quarter 3 (Jan.-Mar. '24)	Quarter 4 (Apr.-June '24)
Adult Expansion	2,943	2,685	2,539	2,832
Current Eligibles	216	178	N/A	N/A
Dental- Aged	31	21	13	13
Dental-Blind/Disabled	248	192	171	159
Targeted Adult Medicaid	3,375	2,803	2,677	2,438
Total	6,813	5,879	5,400	5,442

³ Data Source: Dept. of Workforce Services Cognos Report- "401-Suspension of Benefits"

Enrollment⁴

The table below details the monthly enrollment numbers for each month of the demonstration year, for each demonstration group covered under the 1115 Demonstration. For several of the demonstration groups, the State saw a decrease in enrollment numbers since the unwinding period began and anticipated this would continue throughout the unwinding period as members transitioned to other coverage options.

Demonstration Population	July '23	Aug. '23	Sept. '23	Oct. '23	Nov. '23	Dec. '23	Jan. '24	Feb. '24	March '24	Apr. '24	May '24	June '24
Adult Expansion	115,617	109,103	104,223	99,387	95,727	92,186	86,989	83,563	76,749	73,368	72,967	72,484
Aged Dental	436	538	455	450	427	361	374	385	363	340	362	352
COBRA	0	0	0	0	10	10	0	0	0	0	0	0
Current Eligibles-PCR	36,363	34,899	33,294	31,910	30,561	28,942	N/A	N/A	N/A	N/A	N/A	N/A
Demonstration Population III, V, VI- Premium Assistance	415	399	399	408	410	413	439	451	436	431	442	423
Dental-Blind/Disabled	2,312	2,871	2,407	2,691	2,533	2,107	2,584	2,431	2,379	2,390	2,328	2,188
Employer-Sponsored Insurance	859	836	829	808	797	751	759	728	740	725	689	669

⁴ Enrollment numbers are shown as of August 30, 2024. Numbers reflect all retroactive enrollment up to August 30, 2024, and are subject to change with future retroactive enrollment.

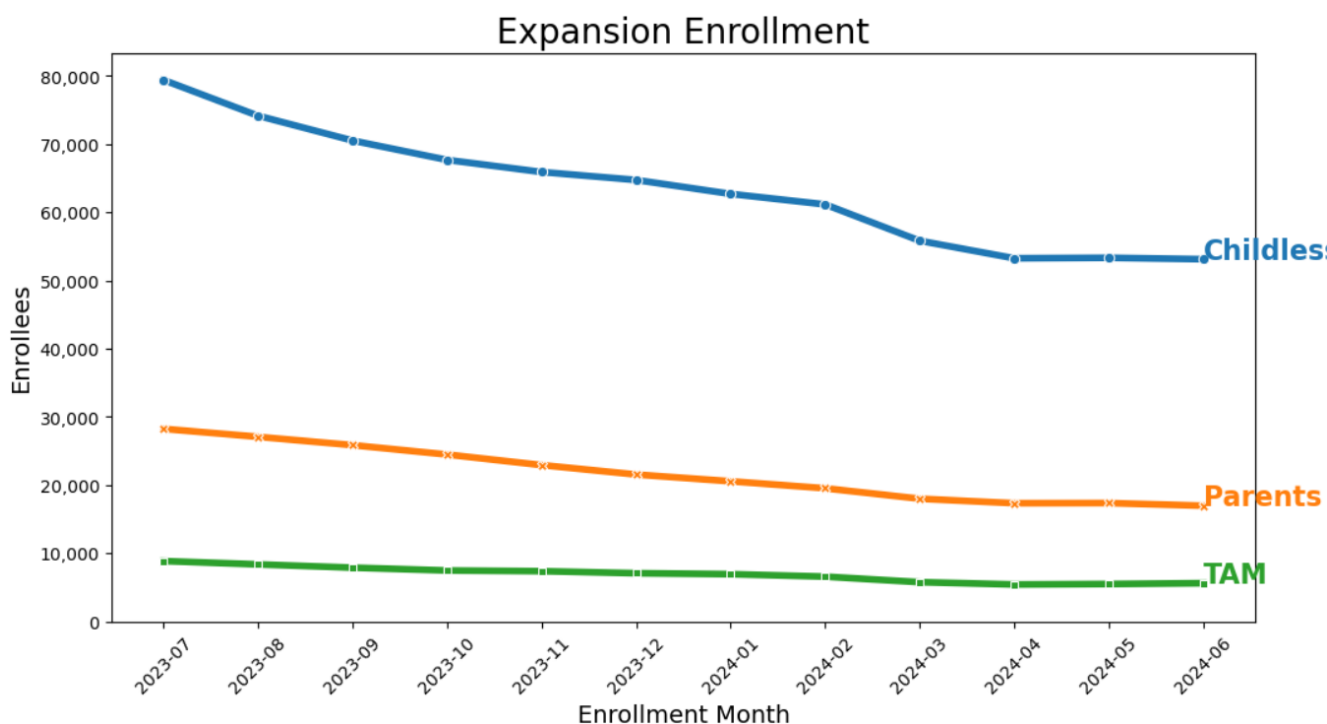
Former Foster Care Youth	17	21	22	22	21	21	20	20	19	18	19	20
HRSS	2,757	3,050	3,057	3,046	2,975	2,767	2,842	2,794	2,789	2,691	2,489	2,373
ISS	4	6	4	5	3	4	1	0	0	0	0	0
SMI	195	198	208	235	234	212	210	207	203	236	195	167
Substance Use Disorder Residential Treatment	830	884	880	879	905	865	911	867	903	790	736	641
Targeted Adults	9,741	9,065	8,511	8,105	7,876	7,592	7,375	6,893	6,394	5,989	6,028	6,155
Targeted Adult Dental	223	264	245	271	280	237	181	203	232	272	243	235
Utah Medicaid Integrated Care	76,295	71,108	67,151	63,848	60,740	58,516	54,924	53,929	48,501	45,515	48,066	49,162

Medicaid Expansion and Targeted Adult Medicaid Enrollment⁵

Below is detailed data on expansion enrollment by subgroup. Beginning with the DY22, quarter three monitoring report, the State began reporting Adult Expansion Expenditures in addition to Targeted Adult Medicaid Expenditures.

Expansion Enrollment by Subgroup⁶

servicemonth	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06
expansiongroup												
Childless	79,403	74,160	70,524	67,685	65,910	64,742	62,701	61,160	55,832	53,262	53,331	53,128
Parents	28,254	27,084	25,866	24,487	22,942	21,556	20,565	19,537	18,006	17,349	17,370	16,982
TAM	8,864	8,381	7,899	7,488	7,384	7,084	6,947	6,586	5,776	5,435	5,502	5,622
Total	116,521	109,625	104,289	99,660	96,236	93,382	90,213	87,283	79,614	76,046	76,203	75,732



⁵ Enrollment as of August 30, 2024. 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.

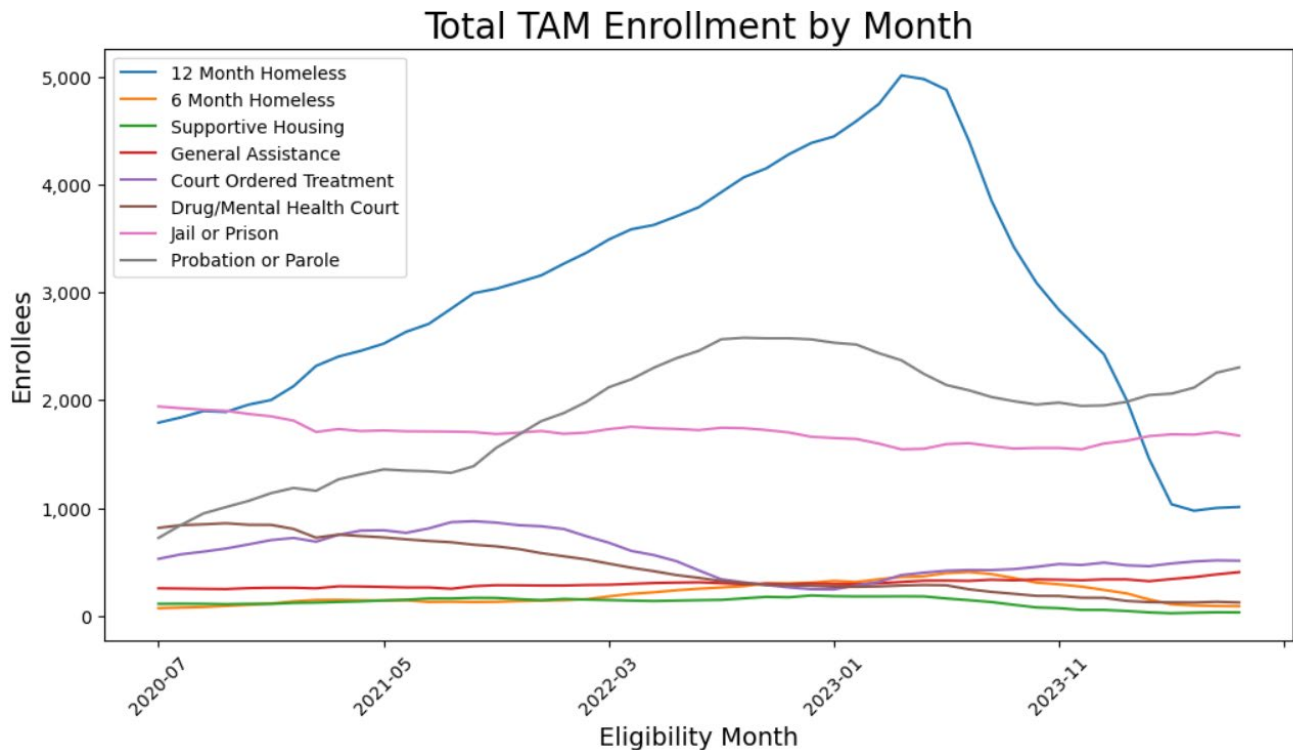
⁶ The number of accepted claims has decreased since the State's new Medicaid management information system (PRISM) went live in March 2023, especially encounters where providers are working to fix any submission errors. Data reflects the number of reimbursed services or capitation payments.

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. The enrollment decrease seen in several sub-groups is likely due to the unwinding of the eligibility rule from the PHE.

TAM Enrollment by Month⁷

	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06
12 Month Homeless	4,404	3,850	3,419	3,088	2,837	2,631	2,426	2,004	1,460	1,036	976	1,002
6 Month Homeless	408	389	352	310	294	273	242	210	154	109	98	93
Supportive Housing	147	130	104	80	73	57	57	47	34	26	31	35
General Assistance	326	337	331	340	337	332	340	340	323	343	361	386
Court Ordered Treatment	427	426	435	456	482	473	495	470	462	487	506	516
Drug/Mental Health Court	248	224	206	187	186	170	169	140	129	127	126	132
Jail or Prison	1,602	1,575	1,552	1,558	1,558	1,545	1,599	1,624	1,667	1,684	1,681	1,705
Probation or Parole	2,092	2,030	1,991	1,960	1,978	1,947	1,952	1,985	2,048	2,061	2,117	2,255



⁷ Enrollment as of August 30, 2024. 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 AE Expenditures⁸

Expenditures (1,000s)												FY 2024	Total
servicemonth	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	
servicetype													
ACO	\$8,807	\$8,311	\$7,918	\$7,550	\$7,246	\$6,947	\$6,564	\$6,511	\$5,992	\$5,616	\$5,917	\$6,044	\$83,423
Behavioral Health	\$3,552	\$3,832	\$3,480	\$3,667	\$3,514	\$3,293	\$3,687	\$3,576	\$3,420	\$3,540	\$3,322	\$3,078	\$41,960
Emergency Room	\$2,056	\$1,753	\$1,382	\$1,316	\$1,349	\$1,428	\$1,468	\$1,346	\$1,281	\$1,306	\$1,202	\$1,054	\$16,941
Inpatient Hospital	\$11,518	\$11,843	\$10,789	\$10,559	\$10,810	\$10,837	\$11,025	\$8,520	\$9,083	\$11,745	\$7,969	\$7,244	\$121,941
Integrated Plan	\$57,263	\$53,754	\$51,087	\$48,831	\$46,890	\$45,615	\$43,861	\$43,080	\$39,652	\$37,769	\$39,988	\$40,977	\$548,768
Lab and/or Radiology	\$551	\$556	\$565	\$585	\$593	\$566	\$563	\$539	\$533	\$506	\$464	\$431	\$6,452
MAT	\$1,114	\$1,182	\$1,096	\$1,131	\$1,025	\$998	\$1,092	\$838	\$829	\$773	\$835	\$710	\$11,622
Non-MAT Pharmacy	\$2,402	\$2,819	\$2,583	\$2,730	\$2,729	\$2,643	\$2,761	\$2,151	\$2,570	\$2,906	\$2,754	\$2,352	\$31,400
Other Services	\$11,560	\$12,337	\$11,910	\$12,009	\$11,924	\$11,296	\$13,388	\$12,487	\$11,933	\$12,044	\$11,267	\$10,242	\$142,399
Outpatient Hospital	\$1,607	\$1,955	\$1,797	\$1,458	\$1,515	\$1,342	\$1,700	\$1,597	\$1,445	\$1,547	\$1,581	\$1,042	\$18,586
Pharmacy	\$8,912	\$9,799	\$9,228	\$9,212	\$9,076	\$8,344	\$9,439	\$7,640	\$10,053	\$13,319	\$12,865	\$8,202	\$116,088
Residential Service	\$2,894	\$3,080	\$2,930	\$3,055	\$3,136	\$3,320	\$3,437	\$3,319	\$3,541	\$3,058	\$3,127	\$2,342	\$37,238
Total	\$112,236	\$111,221	\$104,765	\$102,103	\$99,808	\$96,628	\$98,986	\$91,604	\$90,332	\$94,129	\$91,289	\$83,718	\$1,176,820

Distinct Members Served												FY 2024
servicemonth	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06
servicetype												
ACO	12,541	11,729	11,078	10,536	10,025	9,583	8,782	8,667	7,801	7,215	7,609	7,765
Behavioral Health	25,376	24,130	22,990	22,102	21,496	20,804	19,630	18,638	17,222	16,277	16,163	15,882
Emergency Room	1,649	1,725	1,709	1,635	1,611	1,770	1,800	1,558	1,536	1,578	1,412	1,298
Inpatient Hospital	434	465	455	396	382	420	446	356	403	395	331	282
Integrated Plan	76,217	71,044	67,068	63,769	60,655	58,416	54,831	53,839	48,464	45,472	48,031	49,144
Lab and/or Radiology	1,737	1,691	1,685	1,649	1,670	1,602	1,613	1,667	1,661	1,542	1,435	1,410
MAT	3,057	3,132	2,988	3,018	2,955	2,717	2,765	2,449	2,253	2,260	2,328	2,197
Non-MAT Pharmacy	3,058	3,128	3,026	3,025	2,983	2,905	2,898	2,493	2,517	2,492	2,517	2,449
Other Services	89,849	84,316	80,182	76,836	74,950	73,216	85,366	86,622	78,969	75,519	75,792	75,374
Outpatient Hospital	1,720	2,054	1,829	1,809	1,761	1,673	1,998	1,755	1,605	1,702	1,530	1,315
Pharmacy	21,691	22,708	21,343	21,188	20,709	19,933	20,689	17,824	20,738	23,008	22,645	18,342
Residential Service	625	682	644	654	693	654	711	677	701	625	594	546
Total	116,521	109,625	104,289	99,660	96,236	93,382	90,213	87,283	79,614	76,046	76,203	75,732

⁸ 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. 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.



Monthly TAM Expenditures⁹

Expenditures (1,000s)	FY 2024												Total
servicemonth	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	
servicetype													
Behavioral Health	\$1,747	\$2,053	\$1,830	\$2,031	\$1,927	\$1,718	\$1,973	\$1,901	\$1,839	\$2,024	\$1,899	\$1,794	\$22,736
Emergency Room	\$648	\$609	\$398	\$320	\$359	\$361	\$347	\$329	\$348	\$303	\$319	\$315	\$4,656
Inpatient Hospital	\$1,888	\$1,652	\$1,828	\$1,604	\$1,602	\$1,533	\$1,534	\$1,097	\$1,786	\$2,172	\$1,458	\$1,027	\$19,181
Lab and/or Radiology	\$551	\$556	\$565	\$585	\$593	\$566	\$563	\$539	\$533	\$506	\$464	\$431	\$6,452
MAT	\$131	\$145	\$97	\$83	\$68	\$65	\$66	\$42	\$43	\$41	\$64	\$51	\$896
Non-MAT Pharmacy	\$2,402	\$2,819	\$2,583	\$2,730	\$2,729	\$2,643	\$2,761	\$2,151	\$2,570	\$2,906	\$2,754	\$2,352	\$31,400
Other Services	\$2,929	\$3,319	\$3,037	\$2,914	\$2,831	\$2,395	\$2,911	\$2,686	\$2,765	\$2,811	\$2,819	\$2,565	\$33,982
Outpatient Hospital	\$281	\$346	\$387	\$258	\$297	\$230	\$266	\$218	\$258	\$196	\$258	\$201	\$3,195
Residential Service	\$2,409	\$2,441	\$2,269	\$2,389	\$2,511	\$2,619	\$2,654	\$2,539	\$2,641	\$2,314	\$2,459	\$2,038	\$29,282
Total	\$12,987	\$13,940	\$12,994	\$12,912	\$12,916	\$12,130	\$13,075	\$11,503	\$12,783	\$13,272	\$12,494	\$10,774	\$151,781

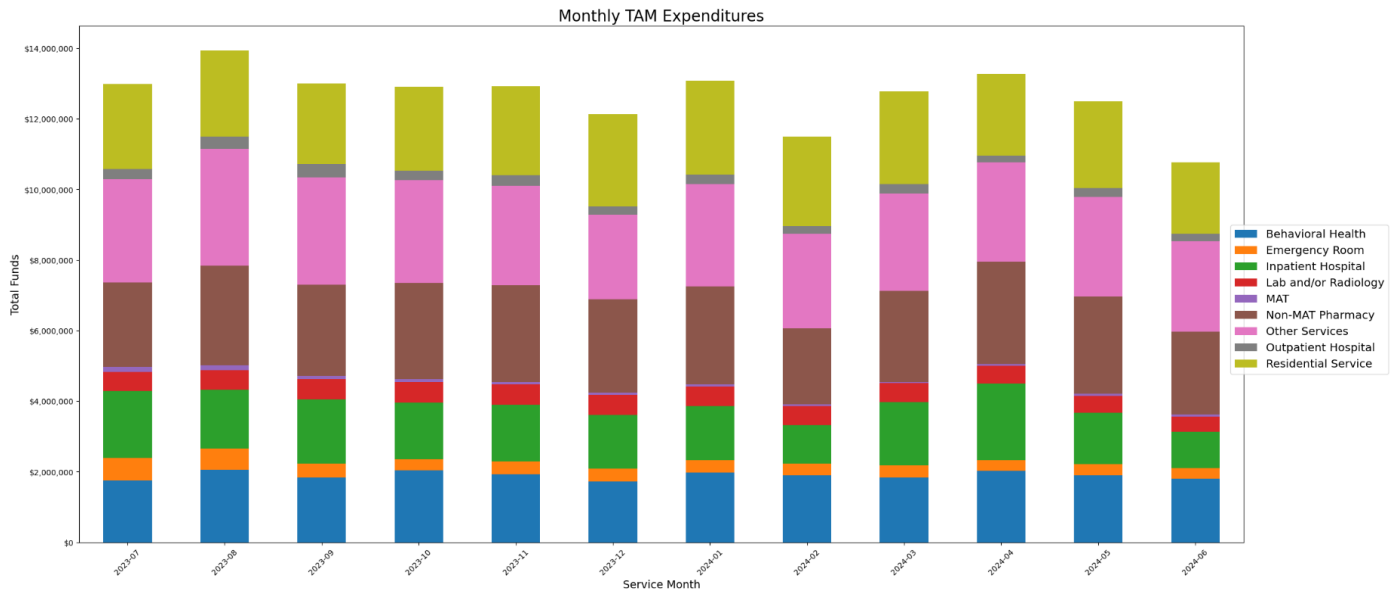
⁹ The months shown here represent the month of service, which is not necessarily the month of payment. They are subject to change with future billings and adjustments. Providers may bill up to one year after the date of service. Monthly expenditures represent total fund payments to providers. Expenditures 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.

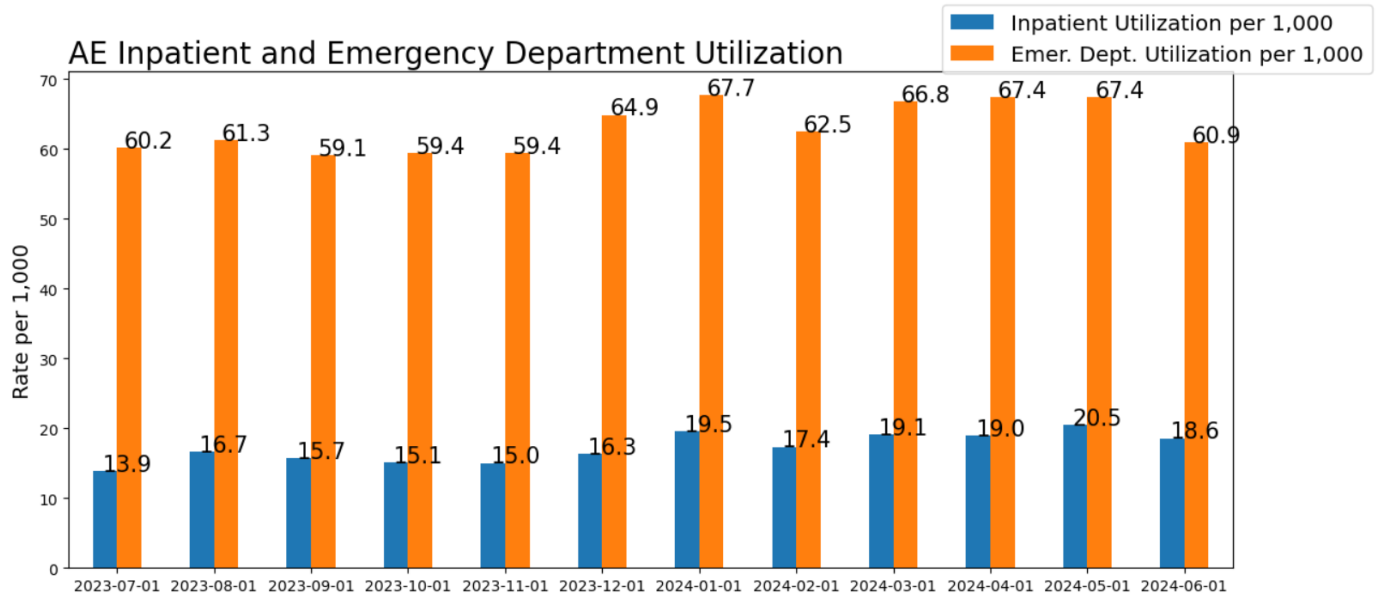
Distinct Members Served

FY 2024

servicemonth	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06
servicetype												
Behavioral Health	1,529	1,594	1,467	1,548	1,578	1,428	1,468	1,388	1,410	1,413	1,401	1,415
Emergency Room	575	657	607	561	536	594	541	496	510	461	474	474
Inpatient Hospital	113	98	113	90	71	85	85	61	90	93	75	64
Lab and/or Radiology	1,737	1,691	1,685	1,649	1,670	1,602	1,613	1,667	1,661	1,542	1,435	1,410
MAT	315	340	293	281	261	238	217	179	173	162	198	203
Non-MAT Pharmacy	3,058	3,128	3,026	3,025	2,983	2,905	2,898	2,493	2,517	2,492	2,517	2,449
Other Services	8,798	8,327	7,849	7,418	7,311	7,034	6,871	6,529	5,711	5,372	5,424	5,538
Outpatient Hospital	438	550	456	453	441	430	466	401	393	375	392	357
Residential Service	571	604	570	593	630	582	631	596	613	554	537	507
Total	8,864	8,381	7,899	7,488	7,384	7,084	6,947	6,586	5,776	5,435	5,502	5,622



Adult Expansion and ED Utilization¹⁰

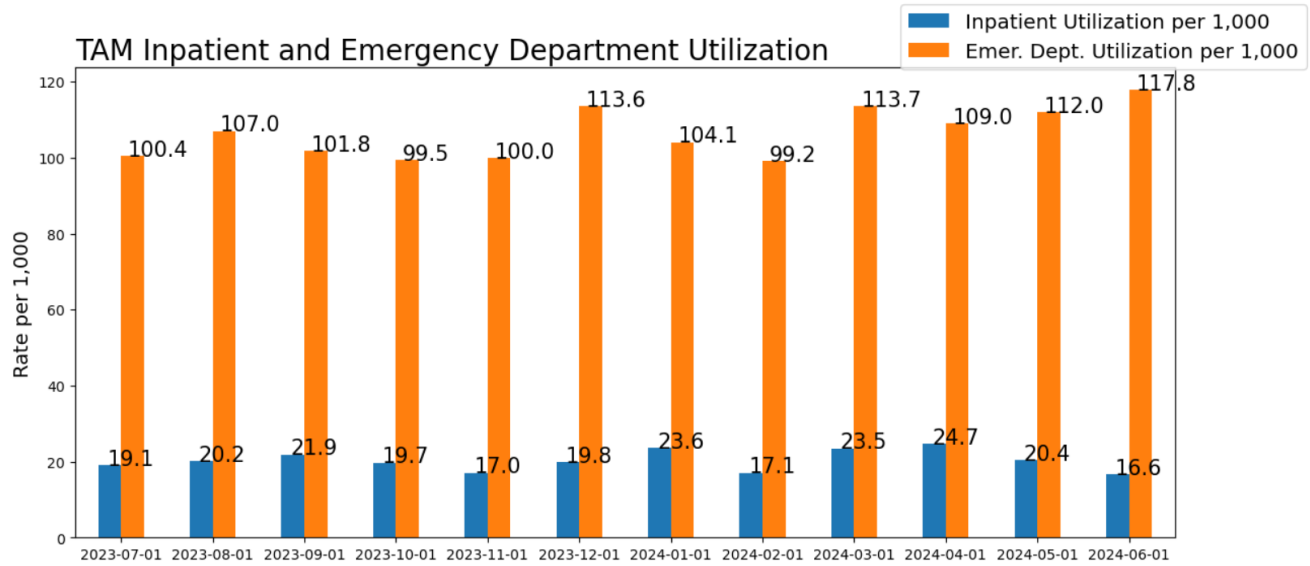


	2023-07-01	2023-08-01	2023-09-01	2023-10-01	2023-11-01	2023-12-01	2024-01-01	2024-02-01	2024-03-01	2024-04-01	2024-05-01	2024-06-01
Members	126,313.0	119,005.0	113,569.0	108,304.0	104,408.0	100,536.0	95,132.0	91,279.0	83,893.0	80,089.0	79,653.0	79,251.0
Inpatient	1,758.0	1,983.0	1,779.0	1,640.0	1,569.0	1,642.0	1,856.0	1,584.0	1,599.0	1,518.0	1,635.0	1,471.0
Emergency Dept.	7,608.0	7,297.0	6,716.0	6,435.0	6,205.0	6,522.0	6,441.0	5,709.0	5,607.0	5,401.0	5,371.0	4,827.0
Inpatient Utilization per 1,000	13.9	16.7	15.7	15.1	15.0	16.3	19.5	17.4	19.1	19.0	20.5	18.6
Emer. Dept. Utilization per 1,000	60.2	61.3	59.1	59.4	59.4	64.9	67.7	62.5	66.8	67.4	67.4	60.9

	2024-04-01	2024-05-01	2024-06-01
Members	80,089.0	79,653.0	79,251.0
Inpatient	1,518.0	1,635.0	1,471.0
Emergency Dept.	5,401.0	5,371.0	4,827.0
Inpatient Utilization per 1,000	19.0	20.5	18.6
Emer. Dept. Utilization per 1,000	67.4	67.4	60.9

¹⁰ The number of accepted claims has decreased since the State's new Medicaid management information system (PRISM) went live, especially encounters where providers are working to fix any submission errors. This has also caused February 2023 claims (and to a lesser extent January) to decrease as the retroactive volume has decreased.

TAM inpatient and ED utilization.¹¹



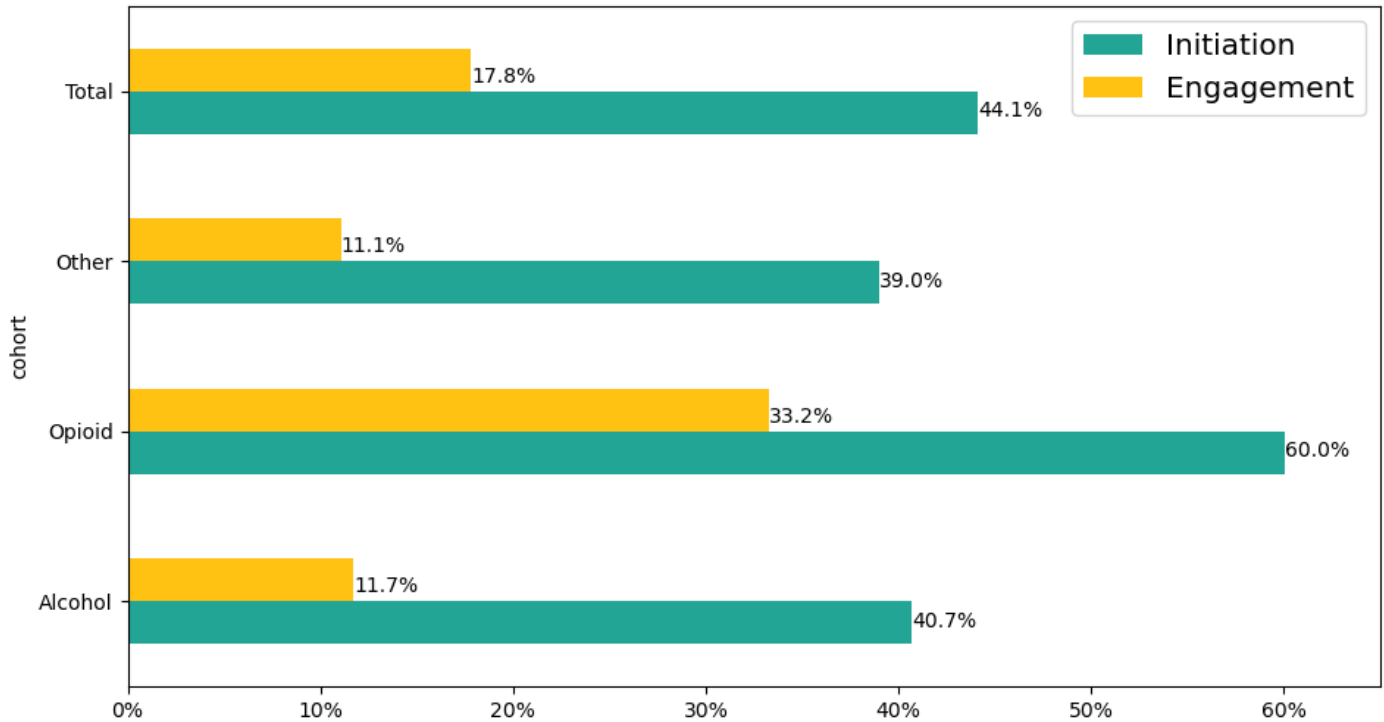
	2023-07-01	2023-08-01	2023-09-01	2023-10-01	2023-11-01	2023-12-01	2024-01-01	2024-02-01	2024-03-01	2024-04-01	2024-05-01	2024-06-01
Members	9,741.0	9,065.0	8,510.0	8,103.0	7,873.0	7,588.0	7,370.0	6,977.0	6,386.0	5,980.0	6,019.0	6,144.0
Inpatient	186.0	183.0	186.0	160.0	134.0	150.0	174.0	119.0	150.0	148.0	123.0	102.0
Emergency Dept.	978.0	970.0	866.0	806.0	787.0	862.0	767.0	692.0	726.0	652.0	674.0	724.0
Inpatient Utilization per 1,000	19.1	20.2	21.9	19.7	17.0	19.8	23.6	17.1	23.5	24.7	20.4	16.6
Emer. Dept. Utilization per 1,000	100.4	107.0	101.8	99.5	100.0	113.6	104.1	99.2	113.7	109.0	112.0	117.8

	2024-04-01	2024-05-01	2024-06-01
Members	5,980.0	6,019.0	6,144.0
Inpatient	148.0	123.0	102.0
Emergency Dept.	652.0	674.0	724.0
Inpatient Utilization per 1,000	24.7	20.4	16.6
Emer. Dept. Utilization per 1,000	109.0	112.0	117.8

¹¹ The number of accepted claims has decreased since the State's new Medicaid management information system (PRISM) went live, especially encounters where providers are working to fix any submission errors. This has also caused February 2023 claims (and to a lesser extent January) to decrease as the retroactive volume has decreased.

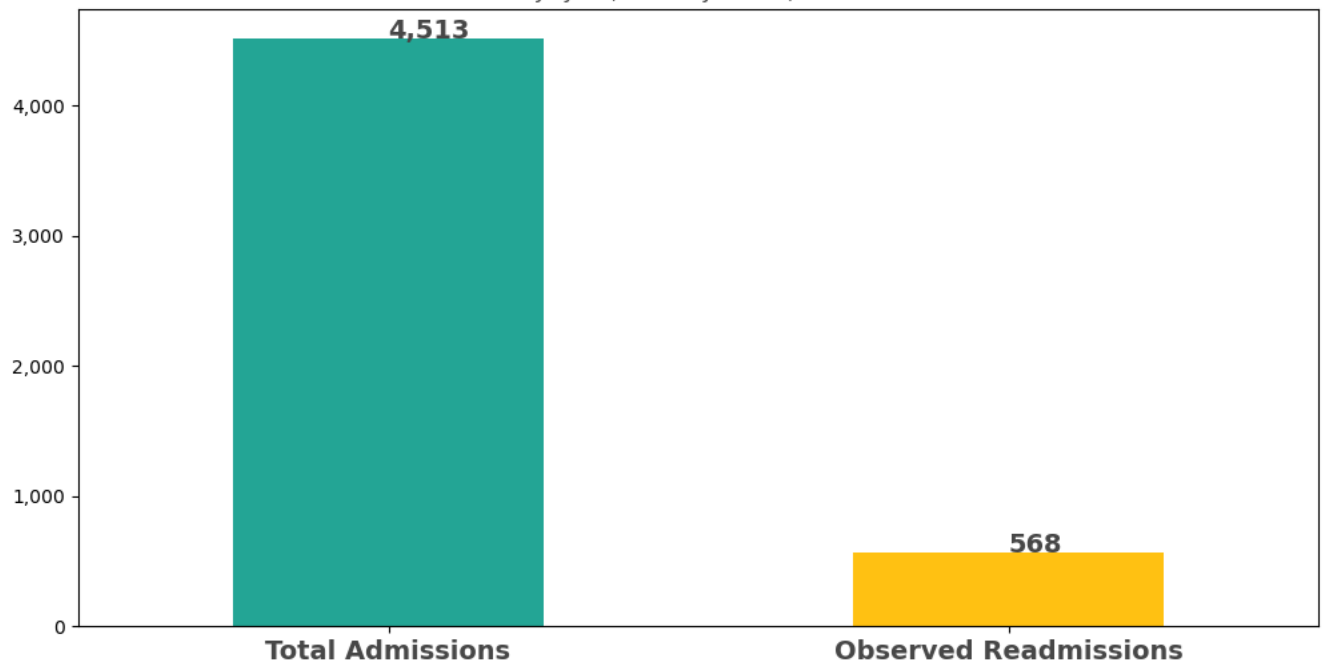
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members

2023-07-01 - 2024-06-30



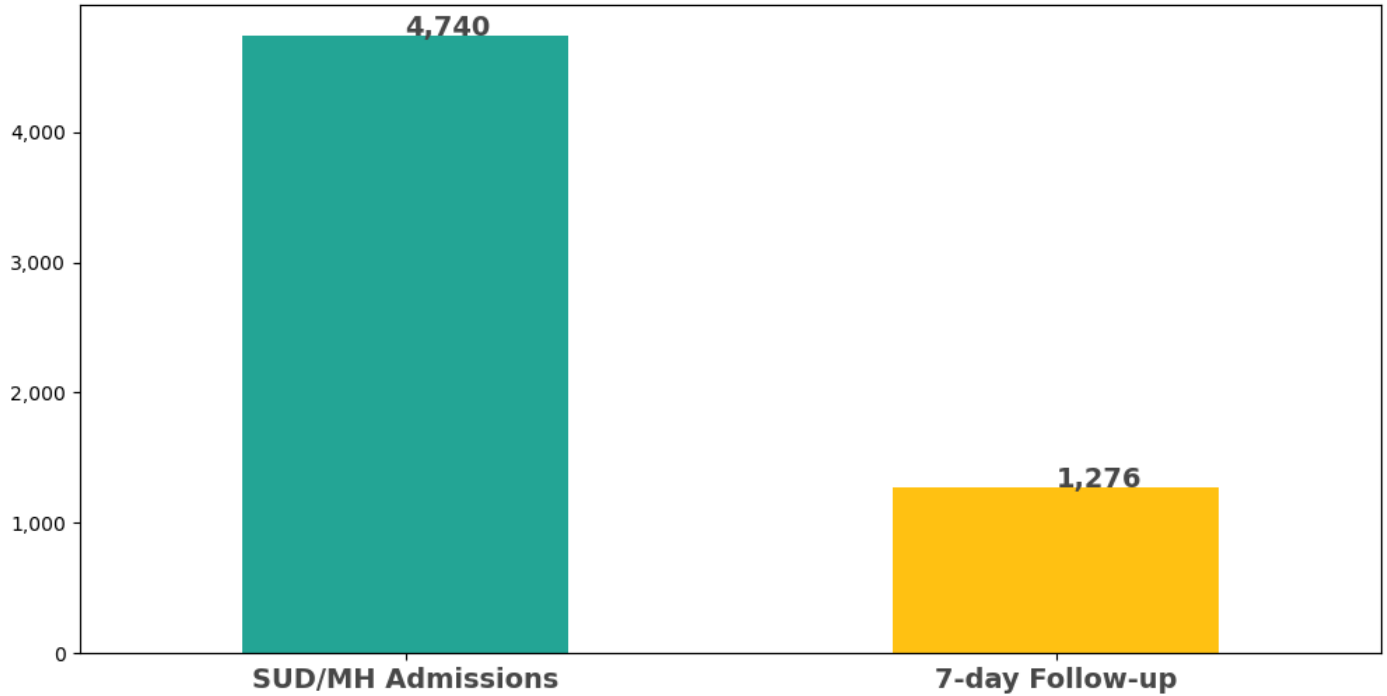
All-cause Hospital Readmission for all AE Members: 12.6%

July 01, 2023 - June 30, 2024



SUD/MH 7-day Follow-up Rate: 26.9%

July 01, 2023 - June 30, 2024



Disenrollments¹²

The table below identifies the number of disenrollments for DY22, listed by demonstration population. Beginning with DY22, Q4, the process for labeling disenrollment reasons is no longer available. Disenrollment data will now be reported by subgroups only. Only the number of disenrollments for DY22 are included with this report. Disenrollment reasons for DY22, Quarters 1-3 can be found in the respective quarterly reports.

Demonstration Population	July '23	Aug. '23	Sept. '23	Oct. '23	Nov. '23	Dec. '23	Jan. '24	Feb. '24	March '24	Apr. '24	May '24	June '24	Total
Adult Expansion	7,122	6,321	5,384	5,398	5,471	5,540	6,972	4,960	6,853	4,866	2,823	2,621	64,331
Aged Dental	376	274	383	310	315	310	260	279	282	259	211	238	3,497
COBRA	0	0	0	0	0	0	10	0	0	0	0	0	10
Current Eligibles - PCR	2,271	2,560	2,483	2,531	2,408	2,526	28,706	N/A	N/A	N/A	N/A	N/A	43,485
Demonstration Population #3	108	40	21	22	33	17	8	13	26	24	15	35	362
Dental-Blind/Disabled	1,971	1,557	2,075	1,611	1,859	1,824	1,422	1,810	1,670	1,614	1,632	1,645	20,690

¹² Due to retroactive enrollment, a significant amount of data has been updated and differs from what was reported in previous quarterly monitoring reports.

ESI	54	46	35	43	33	39	63	43	30	36	43	32	497
Former Foster Care Youth	0	0	0	0	1	0	1	0	1	1	0	0	4
HRSS	282	237	289	262	345	358	286	296	276	280	288	324	3,523
ISS	5	1	5	1	1	1	2	0	0	0	0	0	16
SMI	57	51	67	45	66	48	63	60	50	56	72	42	677
Substance Use Disorder Residential Treatment	23	22	19	17	22	23	25	22	20	22	22	18	255
Targeted Adults	742	878	703	605	474	460	455	586	744	621	249	199	6,716
Targeted Adult Dental	2	3	2	3	2	2	3	2	4	4	0	1	28
UMIC	4,210	3,674	2,964	2,872	2,400	2,223	2,970	2,396	3,963	2,606	1,344	1,385	33,007
Grand Total	17,223	15,664	14,430	13,720	13,430	13,371	41,246	10,467	13,919	10,389	6,699	6,540	177,098

Anticipated Changes to Enrollment

End of the Public Health Emergency

The State anticipated the enrollment decrease seen in several demonstrations (including Adult Expansion, ESI, Targeted Adult Medicaid and UMIC) throughout the unwinding period as members transitioned to other coverage options including continued coverage in Medicaid, CHIP, or transitioned to other coverage options such as the federal health insurance marketplace.

Pending Amendments

Approval of the pending amendments may also have an effect on enrollment. Once the Justice Reentry Initiative Demonstration is approved, the State anticipates an increase in enrollment in several Medicaid programs including Adult Expansion and Targeted Adult Medicaid. The State also anticipates an increase in enrollment if the HRSN amendment is approved.

Benefits

An increase in dental provider availability as well as outreach efforts continued this demonstration year. As a result, the State anticipates future enrollment changes. In addition, the State anticipates a benefit increase if the Dental Services for Medicaid-eligible adults amendment is approved.

The State anticipates continued growth in benefit utilization for HRSS in DY23.

Demonstration Related Appeals

Below are the demonstration related appeals for this demonstration year, which include appeals for quarter four. Only impacted demonstration populations are listed.

Demonstration Group	July '23	Aug. '23	Sept. '23	Oct. '23	Nov. '23	Dec. '23	Jan. '24	Feb. '24	Mar. '24	Apr. '24	May '24	June '24	Total
Adult Expansion	0	0	0	0	0	0	0	0	0	0	0	0	0
Current Eligibles	0	0	0	2	0	2	N/A	N/A	N/A	N/A	N/A	N/A	4

Quarter One Appeals

There were no demonstration related appeals for this demonstration quarter.

Quarter Two Appeals

There were four appeals during this demonstration quarter, all specific to Current Eligibles. All decisions were affirmed. Two were for incomplete reviews. Another was for a case that was closed due to not being able to locate the member. Another appeal was for income related to a trust.

Quarter Three Appeals

There were no demonstration related appeals for this demonstration quarter.

Quarter Four Appeals

There were no demonstration related appeals for this demonstration quarter.

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. Only impacted demonstration populations are listed.

Demonstration Group	July '23	Aug. '23	Sept. '23	Oct. '23	Nov. '23	Dec. '23	Jan. '24	Feb. '24	Mar. 24	Apr. '24	May '24	June '24	Total
Adult Expansion	1	1	0	2	2	0	0	0	0	0	0	0	6
Aged, Blind and Disabled Dental	1	1	1	1	1	0	3	1	0	3	1	1	14
TAM	0	1	0	0	1	0	0	0	0	0	0	0	2
UMIC	0	0	0	0	0	0	1	0	1	0	0	1	3
Total	2	3	1	3	4	0	4	1	1	3	1	2	25

Quarter One Grievances

There were six Constituent Affairs grievances filed during quarter one:

July:

- One Adult Expansion Medicaid member had a grievance with their integrated health plan. The Constituent Affairs Representative worked with the State's Office of Managed Healthcare who then worked with the integrated health plan to resolve the concern.
- One Aged, Blind, Disabled member made an unsuccessful attempt at obtaining a new partial, lower denture. The Constituent Affairs Representative contacted UUSOD who then provided a list of providers for the member to contact. The provider then submitted a prior authorization for the denture.

August:

- One Adult Expansion Medicaid member attempted to obtain a different provider outside of a participating counseling center. The Constituent Affairs Representative established

communication with the counseling center who agreed the member could find another provider through a single case agreement.

- One Aged, Blind, Disabled member had a complaint about a UUSOD provider while attempting to obtain two crowns. The Constituent Affairs Representative helped the member find another UUSOD network provider who then completed the crowns.
- One member who was pursuing TAM dental coverage contacted the Constituent Affairs Representative to explain she had been billed by UUSOD. The Constituent Affairs Representative explained the referral process and requested a referral be sent to the UUSOD coordinator to resolve the issue.

September:

- One Aged, Blind, Disabled member contacted the Constituent Affairs Representative to explain they had been referred out from UUSOD for endodontic care and were unable to reach that provider. The Constituent Affairs Representative referred the member to alternate UUSOD providers as well as information about Non-Emergency Medical Transportation due to no local endodontists being available.

Quarter Two Grievances

There were seven Constituent Affairs grievances filed during quarter two:

October:

- One Adult Expansion Member had a grievance with their Integrated Health Plan. The Constituent Affairs Representative worked with the Integrated Health Plan to resolve the concern.
- Another Adult Expansion Member whose Medicare Part A, B & D ended was having trouble filling prescriptions. The Constituent Affairs Representative worked with the State's pharmacy team who then worked with the pharmacy to get the prescriptions paid.
- One Aged, Blind, Disabled Dental Member was attempting to get dentures at UUSOD but was unable to obtain them due to the member's inappropriate behavior. The member found a different provider and prior authorization was required.

November:

- One Adult Expansion Member tried to obtain a prescription that required prior authorization. The Constituent Affairs Representative worked with the State's Office of Managed Healthcare who then worked with the health plan to obtain the prior authorization.
- One adult Expansion Member had a grievance with their Integrated Health Plan. The Constituent Affairs Representative worked with the State's Office of Managed Healthcare who then worked with the Integrated Health Plan to resolve the concern.
- One Aged, Blind, Disabled Member had a complaint about a UUSOD provider who pulled the wrong tooth. The member found another UUSOD network provider to complete the necessary dental work.

- One Targeted Adult Medicaid Member needed a procedure and stated the provider was not submitting prior authorization. A Health Program Representative from the State submitted a prior authorization for the procedure.

Quarter Three Grievances

There were six Constituent Affairs grievances filed during quarter three:

January:

- An Aged, Blind, Disabled Dental Member was attempting to find an endodontist in the southern region of the State. The region did not have any endodontists. The Constituent Affairs Representative provided the member a referral located in a different region of the State.
- An Aged, Blind, Disabled Dental Member was trying to obtain dentures that did not fit or work. The Constituent Affairs Representative provided the member information on how to contact another dentist to submit a prior authorization for another set of dentures.
- An Aged, Blind, Disabled Dental Member was not able to obtain a prior authorization due to having already received dentures within the previous five years. The Constituent Affairs Representative verified with the dental office that they did not provide prior dentures. The member was subsequently approved for dentures.
- A UMIC member received counseling from a provider that does not accept Medicaid. The Constituent Affairs Representative verified the provider was not a Utah Medicaid provider and asked that they notify the member as soon as possible. The provider will determine if the bill will be written off.

February:

- An Aged, Blind, Disabled Dental Member attempted to obtain dentures at a new dentist office within the UUSOD provider network. The dentist submitted a prior authorization for the service which was denied due to another dentist having already obtained a prior authorization. The Constituent Affairs Representative contacted the State's prior authorization team who determined the first dentist had canceled their prior authorization.

March:

- A UMIC member attempted to fill and pay for a prescription. The State's pharmacy team worked with the pharmacy who then billed Medicaid and reimbursed the member.

Quarter Four Grievances

There were three grievances filed with Constituent Affairs during quarter four:

April:

- One Aged, Blind, Disabled Member questioned bills that were not covered. The Constituent Affairs Representative worked with the dental office and verified the member was not eligible for the coverage.

- Another Aged, Blind, Disabled Member was charged for a porcelain crown. The Constituent Affairs Representative discussed this with the dental office who decided to write off the charge.
- Another Aged, Blind, Disabled Member was billed for a retroactive service. The Constituent Affairs Representative contacted the billing department and verified the eligibility for Medicaid. The provider billed Medicaid and was paid for the date of service.

May:

- One Aged, Blind, Disabled Member attempted to obtain dentures at a new office within the provider network. A prior authorization had been submitted but was denied due to another dentist billing for the service. A DHHS program manager reached out to the dentist who reversed the claim. A new prior authorization was then issued, and the dentures were covered by a new dentist.

June:

- One Aged, Blind, Disabled Member questioned a charge for denture material. A DHHS program manager contacted the provider and explained why the member should not have been billed. The member was subsequently not charged for the service.
- One UMIC member was denied prescriptions due to a third-party liability (TPL). The TPL was verified and end dated. The UMIC member was then able to obtain the prescriptions.

Accountable Care Organization (ACO) Grievances

Below are the number of grievances reported by the managed care plans for this demonstration year. With the implementation of the Medicaid Managed Care Program Annual Report (MCPAR) in 2022, the managed care plans began reporting the grievance reason for each grievance beginning in quarter two.

Demonstration Group	July '23	Aug. '23	Sept. '23	Oct. '23	Nov. '23	Dec. '23	Jan. '24	Feb. '24	Mar. '24	Apr. '24	May '24	June '24	Total
Adult Expansion	9	7	11	13	6	10	14	14	9	5	8	10	116
Current Eligibles	21	17	11	37	32	17	N/A	N/A	N/A	N/A	N/A	N/A	135
Employer Sponsored Insurance	0	0	0	0	0	0	0	1	0	0	0	0	1
Former Foster Care Youth	0	0	0	0	0	0	0	0	0	0	0	0	0
HRSS	0	0	0	2	0	1	0	0	0	1	1	0	5
SUD Residential	0	0	0	0	0	0	0	0	0	0	0	0	0

Treatment													
UMIC	3	2	0	2	1	1	1	2	3	0	0	4	19
Total	33	26	22	54	39	29	15	17	12	6	9	14	276

Grievance Reasons	July. '23	Aug. '23	Sept. '23	Oct. '23	Nov. '23	Dec. '23	Jan. '24	Feb. '24	Mar. '24	Apr. '24	May '24	June '24	Total
Related to outpatient services	0	0	1	1	0	0	0	0	0	0	0	0	2
Related to coverage of outpatient prescription drugs	9	10	8	8	8	3	5	8	9	0	0	0	68
Related to other service types	1	0	1	3	0	1	0	1	0	0	0	0	7
Related to plan or provider customer service	4	1	1	1	0	0	0	0	0	1	0	2	10
Related to access to care/services from plan or provider	2	2	0	0	0	0	0	0	0	0	3	1	8
Related to quality of care	1	1	0	0	0	0	0	0	0	0	1	2	5
Related to plan communications	0	0	2	0	0	0	0	0	0	0	0	0	2
Related to payment or billing issues	8	3	2	0	0	0	0	0	0	1	2	4	20
File for other reasons	8	8	7	0	0	0	0	0	0	3	3	4	33
Lack of Timely Plan Response	0	0	0	0	0	0	0	0	0	0	0	1	1
Suspected Fraud	0	1	0	6	8	4	0	1	0	0	0	0	20
Related to plan or provider case/care management	N/A	N/A	N/A	33	23	19	10	3	3	1	0	0	92
Related to inpatient services	N/A	N/A	N/A	2	0	2	0	4	0	0	0	0	8
Total	33	26	22	54	39	29	15	17	12	6	9	14	276

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 ¹³

Program Type	July '23	Aug. '23	Sept. '23	Oct. '23	Nov. '23	Dec. '23	Jan. '24	Feb. '24	Mar. '24	Apr. '24	May '24	June '24	Avg. Total
Adult Expansion	9.93	9.75	10.38	10.58	11.70	13.56	13.72	13.99	13.60	13.02	12.08	11.77	12.01
Current Eligibles-PCR	9.63	8.88	8.84	8.57	9.83	9.05	N/A	N/A	N/A	N/A	N/A	N/A	9.13
Premium Assistance UPP	16	14.43	24.92	32	23.45	31.75	21.44	10	21.17	16.8	28.33	24	22.02
Targeted Adults	5.89	6.53	6.83	7.32	9.21	10.58	13.73	11.58	10.62	9.02	9.85	9.79	9.25

Financial/Budget Neutrality

The budget neutrality documents for this demonstration year 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 anticipates an increase in costs with the three amendments that were approved on February 29, 2024. The State anticipates additional costs if the Justice Involved, HRSN, and Dental Services for Medicaid-eligible adults amendments are improved. In addition, the State anticipates continued cost increase as the number of HRSS members continues to grow.

Annual Public Forum

The annual public forum was held on January 18, 2024, during the Medical Care Advisory Committee (MCAC) meeting. An overview of the 1115 Demonstration populations was provided. One commenter asked why the adult dental enrollment was so low, and if there was a process in place to

¹³ Data Source: Dept. of Workforce Services Cognos Report- "104-Days to Approval"

improve the accuracy of enrollment. The State explained that the dental populations in the 1115 Demonstration compose a small portion of the overall dental services provided to Medicaid enrollees. The State also explained that enrollment data is not attainable until all claims are submitted from providers and loaded into the PRISM system.

Legislative Update

The 2024 General Session of the Utah State Legislature was held January 16, 2024, to March 1, 2024. Two legislative actions resulted in direction for new 1115 Demonstration applications. Utah will be preparing to submit applications before January 1, 2025.

Evaluator Updates and Demonstration Evaluations

The State continues to contract with Public Consulting Group, Inc. (PCG) to evaluate the 1115 Demonstration. The State submitted the evaluation design to CMS in July 2023. Revisions were made based on CMS's feedback and the revised version was resubmitted to CMS on February 5, 2024. As of June 30, 2024, the State is awaiting approval from CMS on the revised evaluation design.

The summative report that evaluated the 2017-2022 demonstration period was due in December 2023. The State requested an extension on the due date which CMS approved. The final report was then submitted to CMS on March 31, 2024. Significant report findings showed improved access among low-income Utah residents, complex patterns of utilization in the Adult Expansion and TAM demonstrations, and observations of a strengthening care continuum for SMI and SUD demonstrations. Evaluation recommendations included moving from integrated payment to deeper integration of behavioral health care, leveraging value-based payment opportunities to address behavioral health and HRSN, supporting workforce development, and promoting best practices in telehealth.

Pending Amendment Requests

The following demonstration amendments are pending a decision from CMS:

- Chronic Conditions Support: This amendment seeks approval from CMS to provide additional Medicaid services to fee for service enrolled individuals with qualified chronic health conditions.
- Dental Services for Medicaid-eligible Adults: This amendment seeks approval from CMS to provide dental services to Medicaid-eligible adults ages 21 and older who are not already eligible for dental services.
- Family Planning Services: This amendment seeks approval from CMS to provide family planning services to a specific population.
- Health Related Social Needs: This amendment seeks to provide health related social services to additional qualifying Medicaid-eligible groups, provide medical respite care to qualified Adult Expansion Medicaid and Targeted Adult Medicaid members, and change the age eligibility for fertility preservation treatment for Medicaid-eligible individuals diagnosed

with cancer. Note: In light of conversations with CMS, the State has recently evaluated the approval pathway available for the previously submitted Medical Respite amendment (submitted to CMS on 12/30/21) and understands this demonstration is approvable under the Health-Related Social Needs (HRSN) framework.

- Integrated Behavioral Health Services: This amendment seeks approval to allow individuals to receive existing state plan covered physical and behavioral services in an integrated model through a contracted local mental health authority which will be selected through a request for proposal process.
- Long Term Services and Supports for Behaviorally Complex Individuals: This amendment seeks approval to allow individuals to provide Long Term Services and Supports to individuals with behaviorally complex conditions.
- Medicaid Coverage for Justice Involved Populations: This amendment seeks approval to provide Medicaid coverage for qualified justice-involved individuals in the 90-day period immediately prior to release of the incarcerated individual from a correctional facility.

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.