

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: 3 (1/1/23 -3/31/23)

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. 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

End of the Medicaid Continuous Enrollment

The state has developed a comprehensive eligibility unwinding plan to achieve our key objective of a smooth member transition. The plan includes clear member communication, data transparency and a risk-based approach to prioritize members to review over the 12-month unwinding period.

With the passage of the federal Consolidated Appropriations Act (CAA) in late December 2022, the Medicaid continuous enrollment end date is April 1, 2023. This effectively unlinked the unwinding of the eligibility rule from the Public Health Emergency (PHE). Effective March 1, 2023 the state has begun to unwind eligibility and resume normal operations.

Current Eligibles

Currently, the demonstration allows for slightly reduced benefits for Current Eligibles including by not providing 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 members to the Adult Expansion Population. With the recent demonstration renewal, Utah has agreed to move this population fully into the state plan. In order to provide a transition time to handle system changes and beneficiary notifications, Utah is still on track and working to complete this transition by December 31, 2023. 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.

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 their review occurs after the Medicaid continuous enrollment requirement ends on April 1, 2023. The state has begun implementing the unwinding plan. The state expects approximately 25,000 eligibility cases to be reviewed each month beginning March 1, 2023.

Housing Related Services and Supports

On March 4, 2022, the state received approval from CMS on the Housing -Related Services and Supports (HRSS) amendment application. This demonstration provides 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.

Throughout this demonstration quarter, HRSS staff have been proactive in engaging with service providers. Comprehensive program overviews and discussion sessions were provided, and full presentations were given to two service providers. Once providers choose to participate, HRSS provides in-depth training that includes program guidance, document requirements, technical instruction, and steps for successful billing and payment processes.

HRSS staff also conducted in-person meetings this quarter, providing additional technical assistance and conducting individual file reviews with enrolled agencies. Four agencies, currently serving 150 active members, benefited from these meetings. As the program expands, HRSS staff continues to offer comprehensive support in the form of technical assistance, specialized training, and detailed program guidance.

Starting April 2023, HRSS staff plans to enhance community outreach efforts, particularly in the more rural counties of the state. Staff have outlined plans to follow up with several agencies showing interest in the program and have scheduled numerous program overviews. This ongoing commitment to community engagement underscores our dedication to ensuring the HRSS program reaches as many TAM enrollees as possible.

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.

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 Total Payments Issued ¹	January 2023	February 2023	March 2023
Enrollment	873	890	863
Total Payments Issued	\$107,358	\$108,408	\$105,536

¹ Data Source: MMIS, ESI Case Paid Detail Report.

ESI has operated smoothly during the Medicaid Continuous Enrollment period, as set by Families First Coronavirus Act (FFCRA). During this demonstration quarter, the number of ESI enrollees and corresponding payments issued remained stable. The state expects to see changes in enrollment when cases begin to be reviewed after the Medicaid continuous enrollment requirement ends on April 1, 2023.

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. The state continues to offer education to employers on how to correctly complete an ESI referral form. The number of incorrect referral forms continues to decrease as well.

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.

Beginning January 1, 2023, dental hygienists performing authorized dental hygiene services, in a public health setting and under a written agreement or general supervision of a dentist.

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

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	January 2023	February 2023	March 2023	Total
Northern (includes Weber, Bear River and Davis)	37	7	3	47
Weber	31	4	0	35

Bear River	0	0	0	0
Davis	6	3	3	12
Southwest	0	0	0	0
Western	0	0	0	0
Eastern	0	0	0	0

SMR Administrator	Projections/goals
Northern Region Davis Behavioral Health	Davis Behavioral Health was able to submit 12 ISS claims in Quarter 3. They do report that there has been an error with the Federal CMS billing programs but anticipate it should be resolved next quarter. The program in general is in a downward trend. They are addressing being able to increase the number of clients receiving services.
Northern Region Weber Human Services	Weber Human Services was similar to Davis Behavioral Health in having issues submitting the federal claims. They are working to resolve the issue. Weber also had a downward trend in the number of clients served and is working to increase the number of clients being served.
Northern Region Bear River Mental Health	Bear River is continuing to explore the feasibility of being able to incorporate billing the 1115 Waiver into their current electronic medical record and billing system. Bear River did not submit any claims for the 3rd quarter.
Southwest Region (Southwest Behavioral Health)	No changes. 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.
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.	No changes. They were not able to get their billing system up and running to incorporate the 1115 waiver submissions in the 3rd quarter. They anticipate starting to submit 1115 claims at the end of May 2023.
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. 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.
Western Region	No changes. 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 are expected in the next year providing that workforce shortages are resolved and subcontracting is successful and able to meet fidelity program and HCBS requirements. Western Region hopes to be able to start billing at the end of May 2023.

There are 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, four new providers were added and two additional providers expressed interest in becoming TAM providers. One did not meet the provider requirements and additional information has been requested from the other to determine if they meet the TAM provider requirements.

The state continues to monitor when agencies submit outdated forms and ensures those agencies using old forms are provided with current versions. Several times during this demonstration period, non-approved agencies submitted referral forms to DWS, many of whom had not expressed interest in becoming a provider. When this occurs, the state contacts the agency to discuss if they wish to become an approved provider, and to also determine how they were able to obtain the referral form as approved TAM providers are instructed not to share the referral forms with other individuals or

agencies. When the state identifies that an agency has shared the form, they are contacted and reminded not to share the forms.

Since only approved providers should have access to the referral forms, controlling who has access to these forms is important and helps reduce the possibility of fraud. To help with this process, the state is considering creating a TAM provider portal where only authorized agencies could access, complete, and submit referral forms.

Due to the unwinding process which began March 1, 2023, the state expects to see an overall decrease in TAM enrollment.

Demonstration Population III -Premium Assistance (UPP)

Enrollment for this demonstration population remained stable this quarter but due to the unwinding process, the state expects future enrollment changes to this demonstration. UPP cases will begin to close at the end of April, 2023. The state also expects members who are found to be ineligible for other Medicaid programs to move to the UPP program.

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 members 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 January 1, 2023 to March 30, 2023, enrollment in the UMIC plans increased from 91,892 members to 95,641 members. During this demonstration quarter, the state continued to ensure

UMIC members who were eligible at the start of the public health emergency remain eligible until the Medicaid continuous enrollment ends on April 1, 2023. The state soon expects to see changes in enrollment when cases begin to be reviewed in April, 2023.

Utah Medicaid continues to contract 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. 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.

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 Suspended²

Demonstration Population	January 2023	February 2023	March 2023	Total

² Data Source: Dept. of Workforce Services Cognos Report- “401-Suspension of Benefits”

Adult Expansion	1,167	1,143	1,140	3,450
Dental-Blind/Disabled	90	96	96	282
Targeted Adult Medicaid	1,418	1,270	1,230	3,918
Current Eligibles	103	89	82	274
Dental- Aged	7	6	7	20
Total	2,785	2,604	2,555	7,944

Enrollment ³

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. 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 Medicaid continuous enrollment ends on April 1, 2023.

Demonstration Population	January 2023	February 2023	March 2023
Current Eligibles-PCR	40,241	40,430	40,840
Adult Expansion	132,434	133,969	135,457
Employer-Sponsored Insurance	994	1,008	1,002
COBRA	0	0	0
Targeted Adults	9,546	9,645	9,819

³ Enrollment as of May 15, 2023. 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.

Targeted Adult Dental	347	297	82 ⁴
Demonstration Population III, V, VI-Premium Assistance	181	177	175
Dental-Blind/Disabled	46,507	46,452	46,414
Aged Dental	383	341	93
Utah Medicaid Integrated Care	91,892	93,645	95,641
ISS	0	0	0
Former Foster Care Youth	14	14	14
UPP	459	446	446
SMI	9	22	42
SUD	628	550	458

Medicaid Expansion Enrollment ⁵

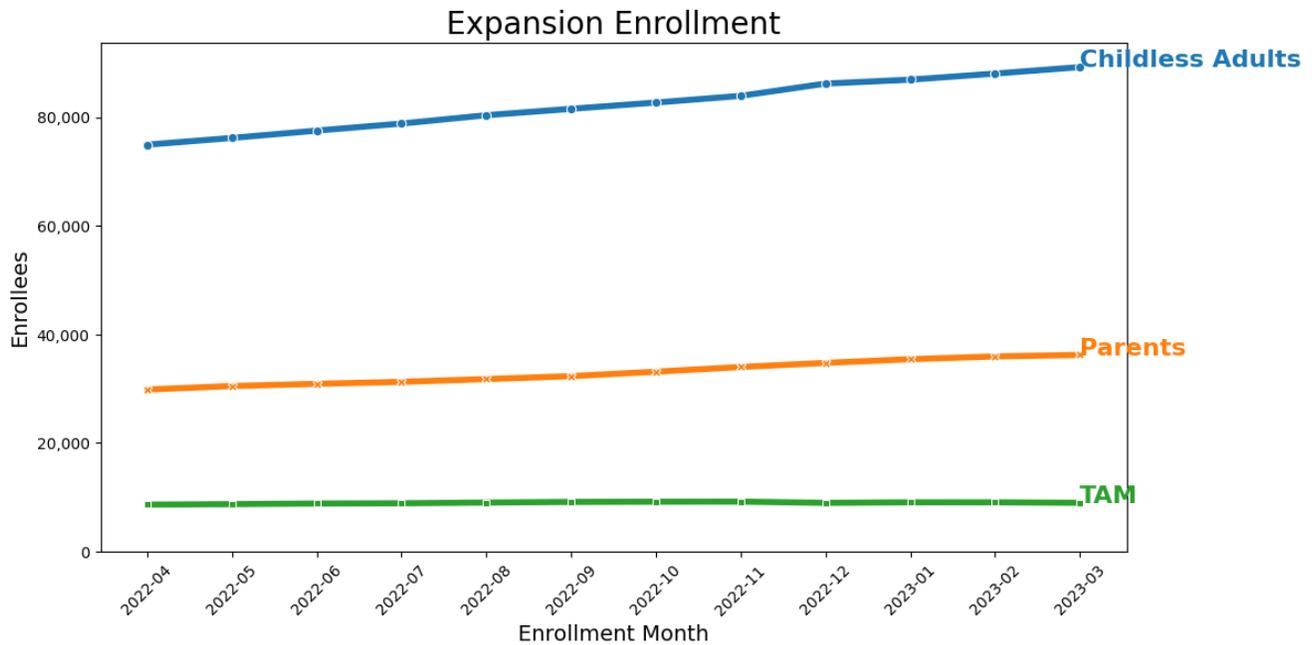
Below is detailed data on expansion enrollment by subgroup.

⁴ The significant decrease in March 2023 is likely due to the low volume of PRISM claims as TAM dental relies on utilization of dental services to identify enrollment.

⁵ 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. This has also caused February, 2023 claims (and to a lesser extent January) to decrease as the retroactive volume has decreased. The expenses and enrollment specifically related to TAM have increased from past reports due to fixing a mistake found in a query.

Expansion Enrollment by Subgroup ^{5,6}

SERVICEMONTH	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03
EXPANSIONGROUP												
Childless Adults	74,944	76,181	77,532	78,831	80,367	81,549	82,701	83,934	86,191	86,919	88,037	89,233
Parents	29,857	30,496	30,903	31,262	31,780	32,316	33,134	34,008	34,749	35,441	35,952	36,228
TAM	8,654	8,747	8,858	8,903	9,038	9,154	9,196	9,213	8,980	9,082	9,078	8,991
Total	113,455	115,424	117,293	118,996	121,185	123,019	125,031	127,155	129,920	131,442	133,067	134,452



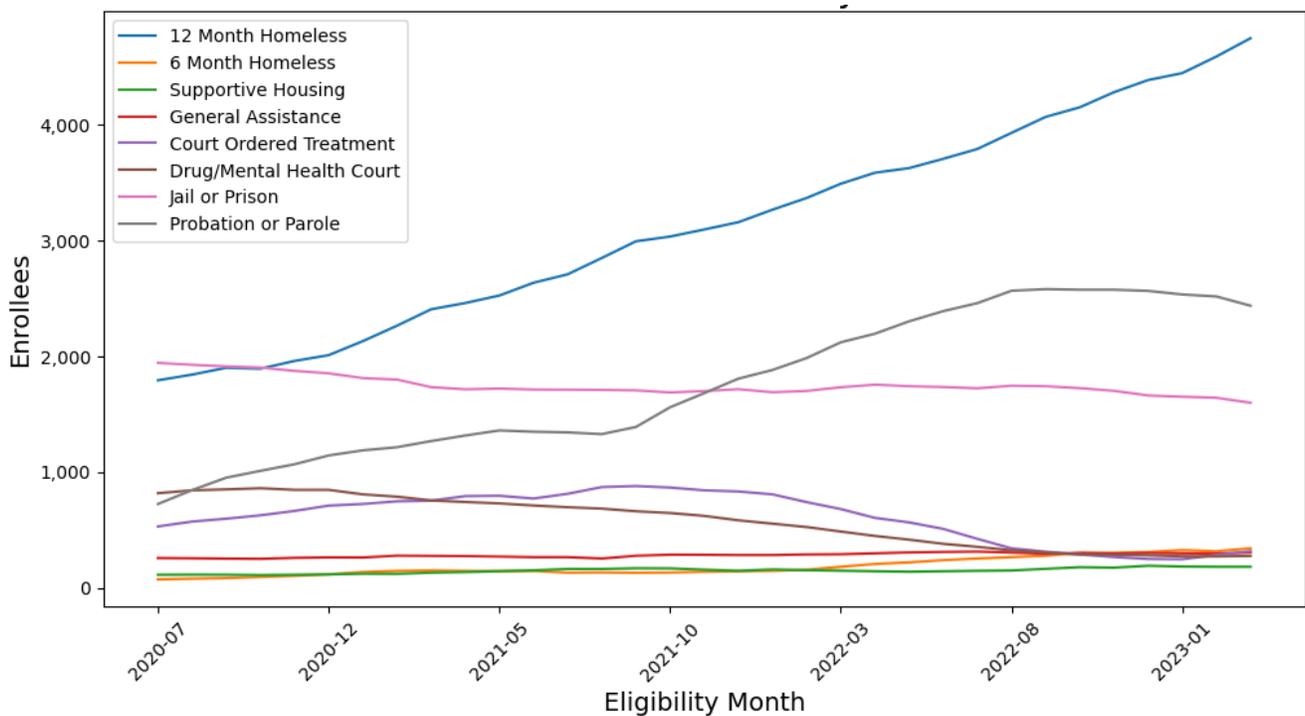
Targeted Adult Medicaid and Substance Use Disorder Treatment

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 increase in homelessness may be due to COVID-19. As previously stated, policy changes have been made to clarify the hierarchy between TAM and its sub-groups. These changes may have led to an increase in enrollment stability for several of the sub-groups.

TAM Enrollment by Month ^{7,8}

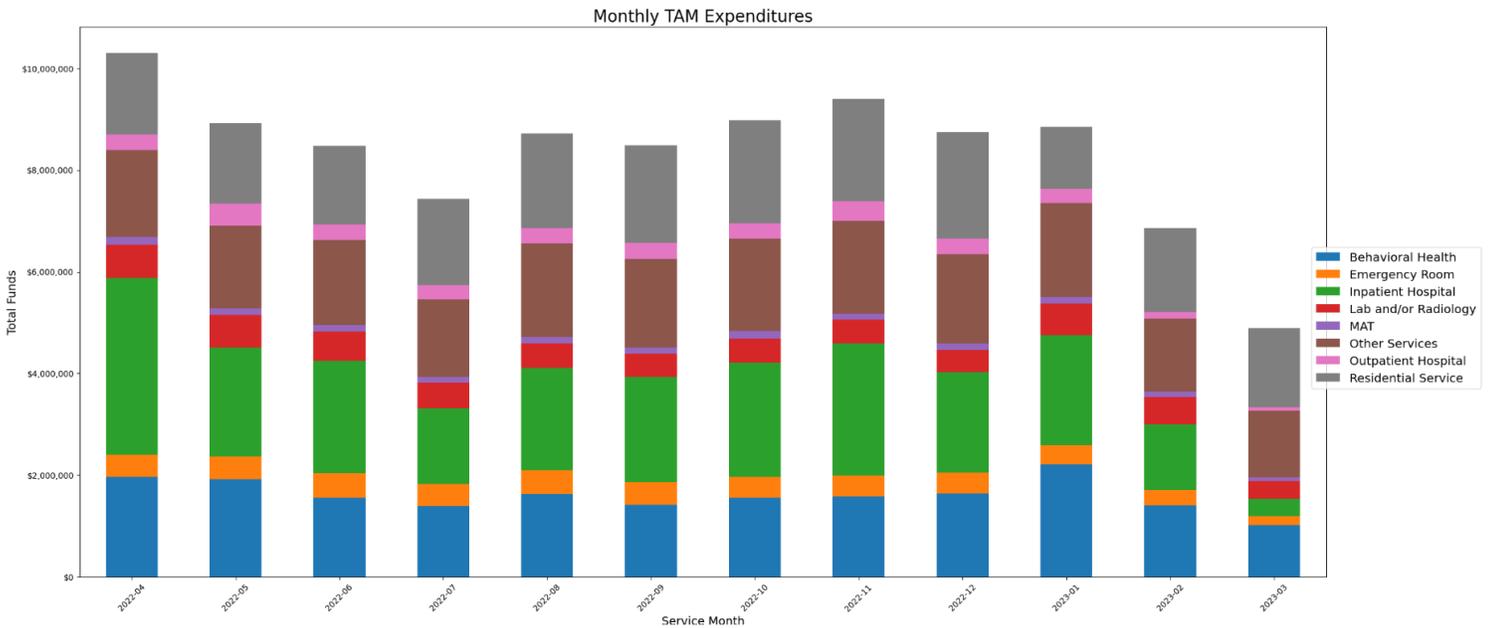
FY 2023:

	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03
12 Month Homeless	3,789	3,928	4,066	4,149	4,279	4,384	4,444	4,587	4,745
6 Month Homeless	253	265	277	301	303	309	326	316	341
Supportive Housing	147	150	164	178	174	191	184	182	182
General Assistance	313	305	294	301	295	301	298	296	304
Court Ordered Treatment	423	341	312	288	266	249	247	283	317
Drug/Mental Health Court	354	324	305	289	286	281	272	271	275
Jail or Prison	1,723	1,745	1,741	1,724	1,701	1,661	1,650	1,641	1,598
Probation or Parole	2,458	2,565	2,579	2,574	2,574	2,564	2,533	2,516	2,436



Monthly TAM Expenditures ⁹

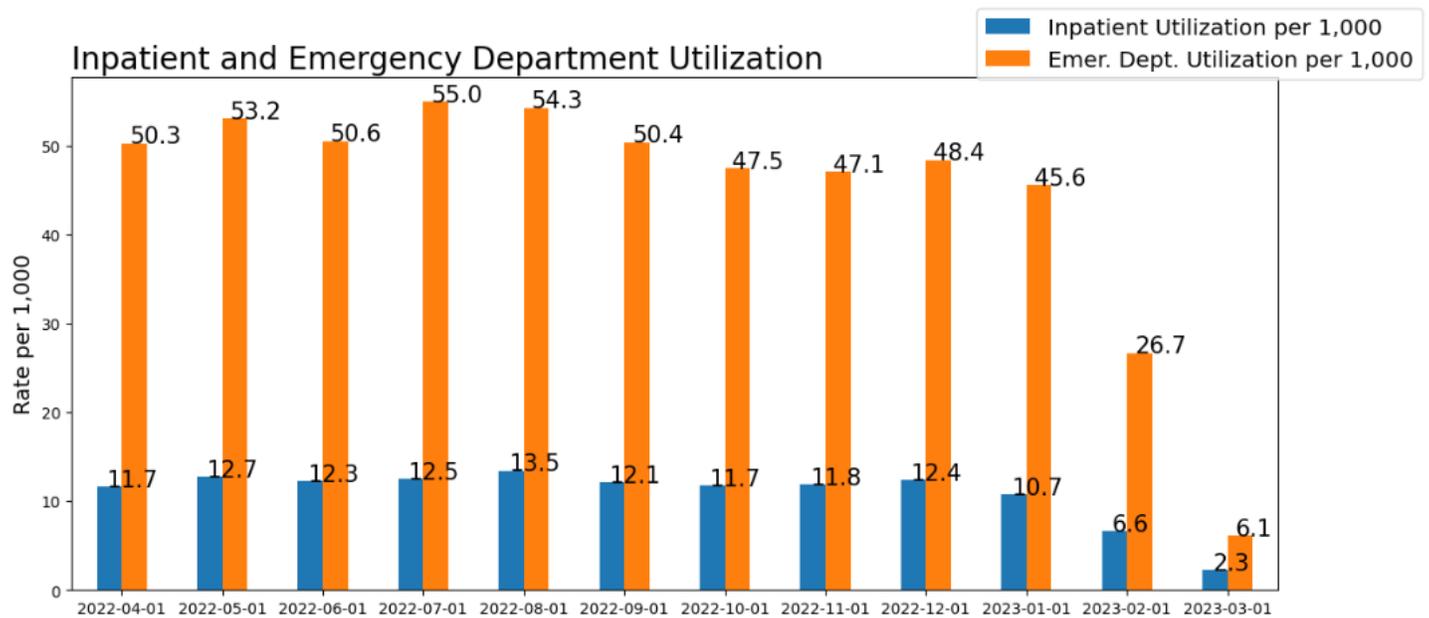
Expenditures (1,000s)	FY 2022												FY 2023	Total
	SERVICEMONTH	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12	2023-01	2023-02	2023-03	
SERVICETYPE														
Behavioral Health	\$1,964	\$1,919	\$1,564	\$1,396	\$1,632	\$1,417	\$1,558	\$1,586	\$1,644	\$2,215	\$1,407	\$1,015	\$19,316	
Emergency Room	\$438	\$442	\$477	\$429	\$465	\$445	\$409	\$403	\$408	\$371	\$305	\$180	\$4,772	
Inpatient Hospital	\$3,478	\$2,150	\$2,215	\$1,487	\$2,011	\$2,074	\$2,249	\$2,604	\$1,975	\$2,170	\$1,283	\$336	\$24,032	
Lab and/or Radiology	\$659	\$641	\$568	\$505	\$486	\$450	\$473	\$461	\$433	\$616	\$545	\$360	\$6,198	
MAT	\$142	\$127	\$127	\$120	\$122	\$117	\$141	\$127	\$127	\$135	\$102	\$60	\$1,446	
Other Services	\$1,720	\$1,632	\$1,675	\$1,526	\$1,836	\$1,744	\$1,819	\$1,824	\$1,757	\$1,844	\$1,435	\$1,313	\$20,122	
Outpatient Hospital	\$299	\$428	\$310	\$271	\$312	\$316	\$305	\$379	\$305	\$279	\$134	\$70	\$3,409	
Residential Service	\$1,603	\$1,581	\$1,537	\$1,705	\$1,861	\$1,920	\$2,024	\$2,014	\$2,097	\$1,217	\$1,645	\$1,562	\$20,764	
Total	\$10,302	\$8,920	\$8,473	\$7,438	\$8,724	\$8,484	\$8,978	\$9,396	\$8,745	\$8,847	\$6,856	\$4,896	\$100,059	



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 seven days.¹⁰

AE inpatient and ED utilization

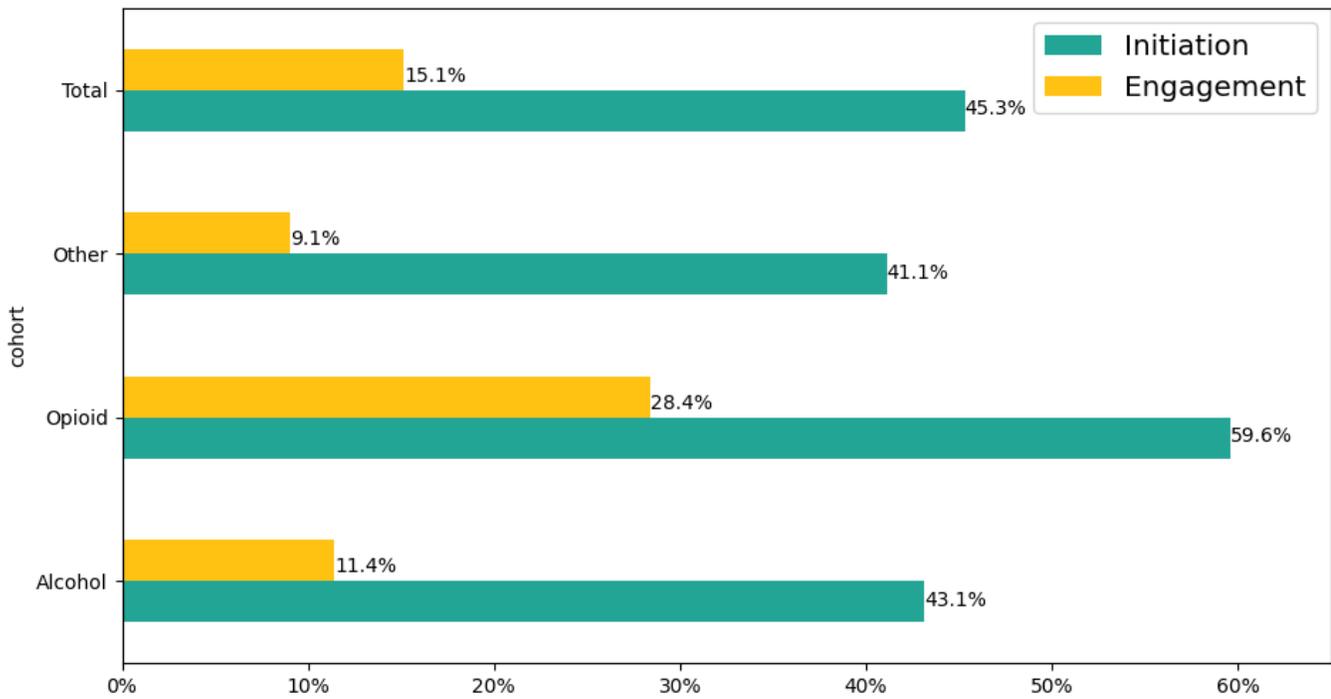


¹⁰ Significant decrease in March 2023 due to new MMIS implementation which has caused reporting delays.

	2023-01-01	2023-02-01	2023-03-01
Members	143,609.0	145,207.0	146,835.0
Inpatient	1,540.0	959.0	337.0
Emergency Dept.	6,547.0	3,877.0	899.0
Inpatient Utilization per 1,000	10.7	6.6	2.3
Emer. Dept. Utilization per 1,000	45.6	26.7	6.1

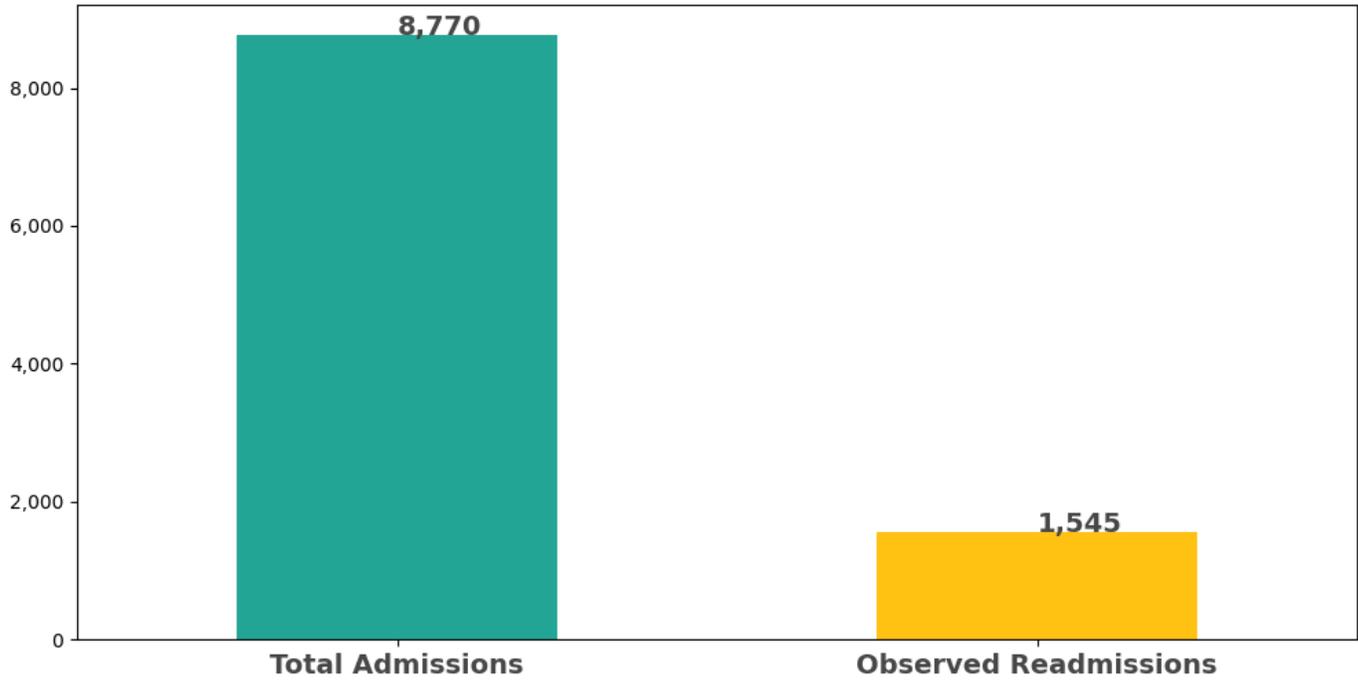
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members

2022-04-01 - 2023-03-31



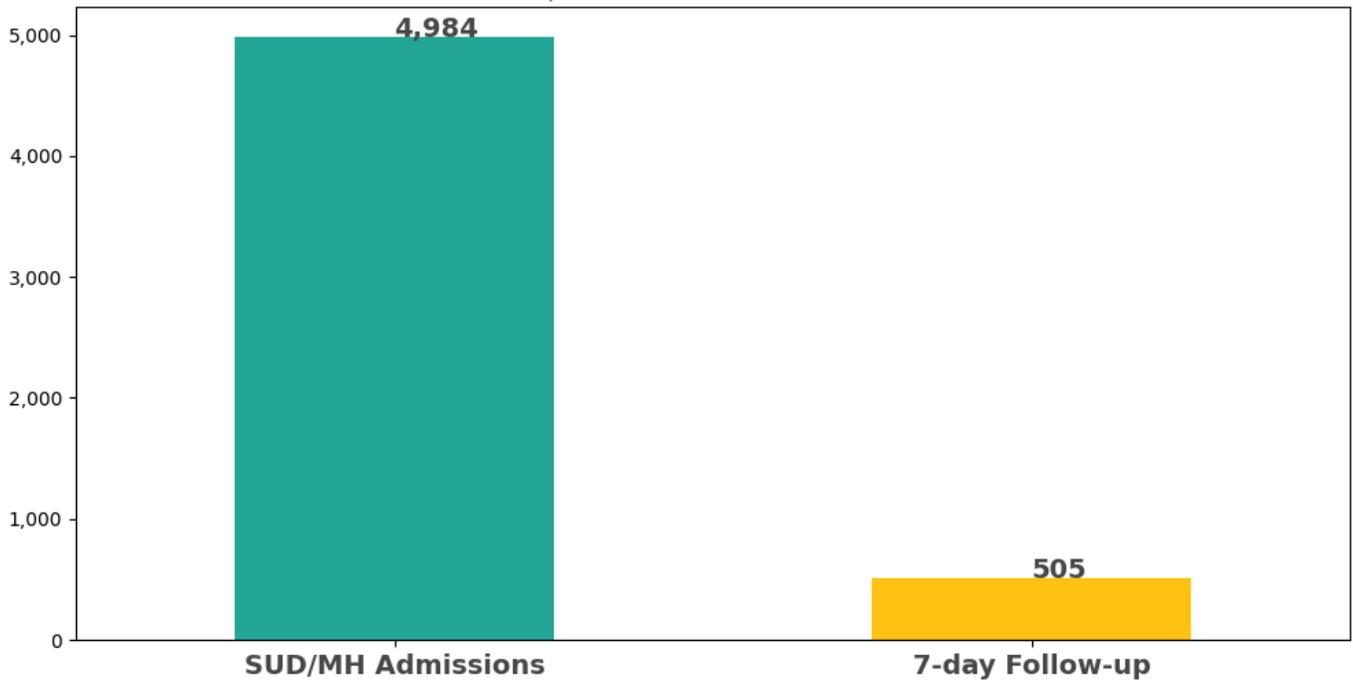
All-cause Hospital Readmission for all AE Members: 17.6%

April 01, 2022 - March 31, 2023



SUD/MH 7-day Follow-up Rate: 10.1%

April 01, 2022 - March 31, 2023



January 1, 2023 - March 31, 2023

Disenrollments

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

Demonstration Population	Reason for disenrollment	January 2023	February 2023	March 2023
Current Eligibles - PCR	Customer Moved Out of State	156	122	102
	Customer Request	55	52	58
	Death	3	4	3
	Enrolled in error	1	4	2
	Fails Utah residency	16	12	7
	Request closed	4	1	5
	Other Admin ¹¹	29	16	31
Adult Expansion	Customer Moved Out of State	423	405	304
	Customer Request	163	187	200
	Death	59	63	38
	Enrolled in error	6	3	6
	Fails Utah residency	39	30	16
	Request closed	3	1	4
	Other Admin	157	96	128
ESI	Customer Moved Out of State	1	1	0
	Customer Request	0	2	5
	Death	0	0	0

¹¹ "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.

	Enrolled in error	0	0	0
	Fails Utah residency	0	0	0
	Request closed	0	0	0
	Other Admin	1	0	2
Targeted Adults	Customer Moved Out of State	30	19	22
	Customer Request	3	6	5
	Death	3	10	7
	Enrolled in error	1	0	2
	Fails Utah residency	0	0	1
	Request closed	0	0	0
	Other Admin	13	6	3
Demonstration Population #3	Customer Moved Out of State	0	0	2
	Customer Request	0	1	3
	Death	0	0	0
	Enrolled in error	0	0	0
	Fails Utah residency	0	0	0
	Request closed	0	0	0
	Other Admin	1	1	1
Dental -Blind/ Disabled	Customer Moved Out of State	0	0	0
	Customer Request	0	0	0
	Death	0	0	0
	Enrolled in error	0	0	0

	Fails Utah residency	0	0	0
	Request closed	0	0	0
	Other Admin	0	0	0
Aged Dental	Customer Moved Out of State	0	0	0
	Customer Request	0	0	0
	Death	0	1	0
	Enrolled in error	0	0	0
	Fails Utah residency	0	0	0
	Request closed	0	0	0
	Other Admin	0	0	0
Substance Use Disorder Residential Treatment	Customer Moved Out of State	0	0	0
	Customer Request	0	0	0
	Death	0	0	0
	Enrolled in error	0	0	0
	Fails Utah residency	0	0	0
	Request closed	0	0	0
	Other Admin	0	0	0
Former Foster Care Youth	Customer Moved Out of State	0	0	0
	Customer Request	0	0	0
	Death	0	0	0

	Enrolled in error	0	0	0
	Fails Utah residency	0	0	0
	Request closed	0	0	0
	Other Admin	0	0	0
Grand Total		1,167	1,043	959

Anticipated Changes to Enrollment

End of the Medicaid Continuous Enrollment

As previously stated, the state has developed a comprehensive eligibility unwinding plan to achieve our key objective of a smooth member transition. Beginning in April 2023, the state expects changes in enrollment to all state plan and demonstration eligibility groups, including Adult Expansion, ESI, Current Eligibles, and TAM demonstration groups.

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 Medicaid continuous enrollment requirement. The state anticipates most individuals to participate due to the state reimbursing individuals for the full amount of their monthly insurance premium.

Targeted Adults

As previously mentioned, the state expects to see an overall decrease in TAM enrollment due to the unwinding process which began March 1, 2023. As also mentioned in footnotes 5 and 7, a correction in the way a query is run may impact future reporting of TAM enrollment.

Pending Amendments

Approval of 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

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	January 2023	February 2023	March 2023	Total
Adult Expansion	0	0	1	1

There was one Adult Expansion-related appeal this demonstration period. It was specific to a denial and the decision was 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	January 2023	February 2023	March 2023	Total
Adult Expansion	0	1	0	1
Aged, Blind, Disabled Dental	0	0	1	1
Current Eligibles	1	0	0	1
TAM	0	1	0	1

There were four Constituent Affairs grievances filed during quarter three:

January:

- One Current Eligibles member was attempting to find a mental health prescriber. The mental health facility worked with the member to find a provider to prescribe medication.

February:

- One Adult Expansion member was not able to obtain durable medical equipment with a provider. A state policy analyst worked with the provider to resolve the issue of collection and the member was able to obtain the equipment.
- One TAM member was concerned with how a provider at a medical clinic spoke to her regarding her Medicaid coverage. The Constituent Affairs Representative contacted the clinic's office manager and relayed the member's concern. The office manager appreciated the feedback and stated training will be given to the provider.

March:

- One Aged, Blind, Disabled Dental member contacted Constituent Affairs regarding a complaint against a UUSOD network provider and dentures she received in early 2022. The Constituent Affairs Representative provided information for other UUSOD network providers where the member could obtain a new denture with a prior authorization from a new dentist.

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 are now reporting the grievance reason for each grievance.

Demonstration Group	January 2023	February 2023	March 2023	Total
Adult Expansion	18	16	15	49
Current Eligibles	44	38	39	121
UMIC	2	1	0	3
SUD IMD	1	0	0	1
Total	65	55	54	174

Grievance Reasons	January 2023	February 2023	March 2023	Total
Related to outpatient services	0	0	0	0
Related to coverage of outpatient prescription drugs	14	7	3	24
Related to other service types	0	0	0	0
Related to plan or provider customer service	1	0	0	1
Related to access to care/services from plan or provider	1	4	4	9
Related to quality of care	1	0	0	1
Related to plan communications	1	8	3	12

January 1, 2023 -March 31, 2023

Related to payment or billing issues	44	35	43	122
File for other reasons	2	1	1	4
Suspected Fraud	1	0	0	1
Total	65	55	54	174

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 ¹²

Program Type	January 2023	February 2023	March 2023	Avg. Total
Current Eligibles-PCR	9.71	9.44	7.03	8.73
Adult Expansion	11.54	12.38	11.41	11.78
Targeted Adults	7.05	7.59	8.94	7.86
Premium Assistance UPP	147	N/A ¹³	32	89.5

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). However, the state also anticipates a decrease in costs as the unwinding process

¹² Data Source: Dept. of Workforce Services Cognos Report- “104-Days to Approval”

¹³ No approvals in the time period selected.

begins, based on fewer member months in managed care.

Annual Public Forum

The annual public forum was held on January 19, 2023 during the Medical Care Advisory Committee (MCAC) meeting. An overview of the 1115 demonstration populations was provided. No issues or concerns were raised.

Legislative Update

The 2023 General Session of the Utah State Legislature was held January 17, 2023 to March 3, 2023. Four legislative actions resulted in direction for new 1115 Demonstration applications. Utah will be preparing to submit applications before January 1, 2024.

Evaluation Updates and Demonstration Evaluations

The state has transitioned all demonstration evaluations to Public Consulting Group, Inc. (PCG). The amended contract was finalized in January 2023. The contract with the University of Utah Social Research Institute (SRI) expired on February 28, 2023. The state submitted the current demonstration Evaluation Design to CMS on March 15, 2023.

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:** This amendment seeks approval 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:** This amendment seeks approval to provide in vitro fertilization services and genetic testing for Medicaid eligible individuals who have specific qualified conditions.
- **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.

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.