

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: 2 (10/1/22-12/31/22)

Executive Summary

The Utah Medicaid Reform 1115 Demonstration is a statewide demonstration that gives the Utah Department of Health and Human Services (DHHS) federal authorization to administer specific medical programs and benefits that are not otherwise allowable under federal rules. This demonstration was originally approved in February 2002 for the Primary Care Network (PCN) program and Current Eligibles population. The Demonstration was implemented

July 1, 2002, and is now in year 21. Over the years, additional programs and benefits have been authorized under the demonstration. This current demonstration has approval through June 30, 2027.

The demonstration authorizes the following programs and benefits:

- Adult Expansion- Provides Medicaid benefits to adults age 19-64 who have household income up to 133 percent of the federal poverty level (FPL).
- Aged Dental-Provides state plan dental benefits to Medicaid eligible individuals age 65 and older.
- Current Eligibles/Non-Traditional Benefits- Provides a slightly reduced benefit package for adults receiving Parent/Caretaker Relative (PCR) Medicaid.
- Dental Benefits for Individuals who are Blind or Disabled- Provides state plan dental benefits to individuals age 18 and older, who are blind or have disabilities.
- Employer Sponsored Insurance- Individuals in the Adult Expansion group are required to enroll in employer sponsored insurance (ESI), if it is available to the eligible individual.
- Former Foster Care Youth from Another State- Provides state plan Medicaid benefits to former foster care youth from another state up to age 26.
- Housing Related Services and Supports (HRSS)- Provides housing related services and supports in the form of tenancy support, community transition and supportive living services to TAM enrollees experiencing homelessness, food or transportation insecurity, or interpersonal violence and trauma.
- Intensive Stabilization Services (ISS) - Allows the state to provide intensive stabilization services to Medicaid eligible children and youth under age 21, who are in state custody, or at risk of state custody, and experiencing significant emotional and/or behavioral challenges.
- Residential and Inpatient Treatment for Individuals with Serious Mental Illness (SMI)- Provides expenditure authority for services furnished to eligible individuals ages 21 through 64 who receive treatment for a SMI, and who are short-term residents in facilities that meet the definition of an IMD.
- Substance Use Disorder (SUD) Residential Treatment- Provides coverage of SUD Residential Treatment in an Institution for Mental Disease (IMD) for all Medicaid eligible individuals.
- Targeted Adult Dental Benefits- Provides state plan dental benefits for Targeted Adult Medicaid eligible individuals who are receiving Substance Use Disorder (SUD) treatment.
- Targeted Adult Medicaid- Provides state plan Medicaid benefits to a targeted group of adults without dependent children.
- Utah's Premium Partnership for Health Insurance (UPP)-Provides premium assistance to help pay the individual's or family's share of monthly premium costs of employer-sponsored insurance or COBRA.
- Utah Medicaid Integrated Care (UMIC)- Allows the state to operate an integrated managed care pilot combining physical health and behavioral health services in five Utah counties for the Adult Expansion Population (not including the Targeted Adult Population).

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

- Provide health care coverage for low-income Utahns eligible under the demonstration who would not otherwise have access to, or be able to afford, health care coverage;
- Improve beneficiary health outcomes and quality of life;
- Lower the uninsured rate of low income Utahns;
- Provide continuity of coverage for individuals eligible under the demonstration;
- Increase access to primary care;
- Reduce uncompensated care provided by Utah hospitals;
- Reduce barriers to health care and housing, an important social determinant of health;
- Increase the utilization of preventive dental services, while reducing emergency dental procedure costs;
- Improve access to services across the continuum of care;

- Provide for better care coordination for individuals transitioning to community-based care
- Reduce the utilization of emergency departments and inpatient hospital settings for treatment where utilization is preventable or medically inappropriate; and
- Reduce the overdose death rate.

Key Events and Operational Updates

Current Eligibles

Currently, the demonstration allows for slightly reduced 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 beneficiaries 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 planning 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 the end of the continuous enrollment review (“unwinding”) occurs.

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.

During this demonstration quarter, HRSS staff provided program training to the Department of Workforce Services team members who focus on serving Targeted Adult Medicaid (TAM) members. DWS also provided important details of the TAM Program which will allow us to better serve HRSS service providers. HRSS training was also provided at the quarterly meeting of the Utah Housing Coalition, a statewide organization. HRSS overviews for community service providers continued to be provided upon request and updated HRSS information was also provided at Housing Connect Commissioners Meetings, for staff members of the HomeChoice Program, the Utah County Housing Authority, and the Housing Authority of Weber County. Detailed individual training was provided for the eight service provider agencies currently enrolled in the program. The training included program guidance, document requirements, technical instruction, and completion of all required steps to bill and receive payments.

Ten participants have been approved for services and two applications are currently being reviewed. The state anticipates increased applications in the new year. Programming for HRSS was completed during this demonstration quarter and service providers will begin to bill for their authorized services on January 30, 2023.

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

Adult Expansion-Employer Sponsored Insurance

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

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

ESI Enrollment and Total Payments Issued ¹	October 2022	November 2022	December 2022
Enrollment	779	808	812
Total Payments Issued	\$97,571.06	\$99,438.92	\$100,782.58

ESI continues to run smoothly during the Medicaid Continuous Enrollment, set by Families First Coronavirus Act (FFCRA). There was a steady increase in the number of ESI enrollees and corresponding payments issued during this demonstration quarter. Programming changes made in the last demonstration year continue to help reduce the number of incorrect payments being made. In addition, case accuracy continues to improve due to the specialized ESI review team. 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.

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	October	November	December	Total
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¹ Data Source: MMIS, ESI Case Paid Detail Report.

	2022	2022	2022	
Northern	177	64	9	249
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 reports submitting three invoices for the quarter. They report needing to further check if any more Medicaid families were served.
Northern Region Weber Human Services	Weber Human Services is the only administrator in the Northern Region to submit claims in October, November and December of 2022.
Northern Region Bear River Mental Health	Bear River is continuing to explore the feasibility of billing under the 1115 Demonstration. They underwent an administrative change in November of 2022 and did not bill anything October - December of 2022
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. The plan is to explore billing in SFY23 following competitive RFP and award contract in the third quarter of FY 2023. They report they anticipate their billing system to be updated in February of 2023. No estimated billings in the next annual year.
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

	<p>services. Conversations around barriers are ongoing and solutions are being explored. No anticipated billings for the remainder of the year.</p>
<p>Western Region</p>	<p>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 billings 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.</p>

No other updates related to the Salt Lake Region, where sustainability has not been achieved within the framework originally proposed. No additional legislative appropriations were awarded for Stabilization and Mobile Response, but state general fund monies will be used to support children and youth crisis and crisis stabilization programming that is consistent with Stabilization and Mobile Response standards. The program will be pursued through a competitive RFP. The process for this has been initiated within DHHS contracting procedures.

Targeted Adult Medicaid

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

- Chronically Homeless. These individuals are:
 - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months, or on at least four separate occasions totaling at least 12 months in the last three years and have a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, a chronic illness or a disability.
 - living or residing in a place not meant for human habitation, a safe haven, or emergency shelter for a total of six months within a 12-month period and have a diagnosable substance use disorder, serious mental health disorder, diagnosable developmental disability, or post-traumatic stress disorder.
 - victims of domestic violence and living or residing in a place not meant for human habitation, a safe haven or in an emergency shelter.
 - previously homeless and living in supportive housing.

- Justice Involved. These individuals are in need of substance use or mental health treatment and:
 - have completed a substance use disorder treatment program while incarcerated in jail or prison;
 - are on probation or parole and have a serious mental illness or substance use disorder;
 - are court ordered to receive substance abuse or mental health treatment through a district or tribal court;
 - were discharged from the State Hospital and admitted to the civil unit.

- Individuals Needing Treatment. These individuals are:

- discharged from the State Hospital due to a civil commitment; or
- currently receiving General Assistance (GA) from DWS and have been diagnosed with substance use or a serious mental health disorder.

During this demonstration quarter, five new TAM providers were added and three additional agencies expressed interest in becoming future TAM providers. One additional agency inquired but did not meet the provider requirements.

The state continues to monitor when agencies send outdated forms to DWS. These agencies are contacted and given updated forms. Updated training and ongoing communication will continue with all TAM agencies.

The state is currently discussing the options for moving TAM to an integrated model as required by House Bill 413 which was run during the 2022 General Session. Lack of dental benefits for Adult Expansion Medicaid continues to pose challenges.

Demonstration Population III-Premium Assistance (UPP)

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

Utah Medicaid Integrated Care

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

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

From October 1, 2022 to December 31, 2022, enrollment in the UMIC plans increased from 87,362 beneficiaries to 90,584 beneficiaries. This growth reflects the FFCRA guidelines to not disenroll Medicaid beneficiaries, and therefore may have a significant change once the Medicaid Continuous Enrollment requirement ends.

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. The state will submit a state plan amendment to cover these individuals effective January 1, 2023 and continue to use the 1115 demonstration to cover existing individuals who had aged out of foster care (under the 1115 demonstration) prior to January 1, 2023, until they reach the age of 26. Therefore, the state will plan to phase out this demonstration effective December 31, 2030.

Suspension of Medicaid Benefits

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

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

Number of Individuals with Medicaid Suspended²

Demonstration Population	October 2022	November, 2022	December, 2022	Total
Adult Expansion	995	942	923	2,860
Dental-Blind/Disabled	75	74	71	220
Targeted Adult Medicaid	1,149	1,065	1,026	3,240
Current Eligibles	86	83	82	251
Dental- Aged	8	7	7	22
Total	2,313	2,171	2,109	6,593

Enrollment³

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

Demonstration Population	October 2022	November 2022	December 2022
Current Eligibles-PCR	39,903	39,911	40,153

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

³ Enrollment as of February 17, 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.

Adult Expansion	124,708	127,448	129,631
Employer-Sponsored Insurance	890	920	949
COBRA	0	0	0
Targeted Adults	9,370	9,400	9,449
Targeted Adult Dental	313	300	218
Demonstration Population III, V, VI-Premium Assistance	185	183	183
Dental-Blind/Disabled	45,861	45,837	45,716
Aged Dental	461	452	353
Substance Use Disorder Residential Treatment	744	687	643
Utah Medicaid Integrated Care	87,332	88,965	90,485
ISS	10	5	1
SMI	46	36	26
Former Foster Care Youth	14	14	14

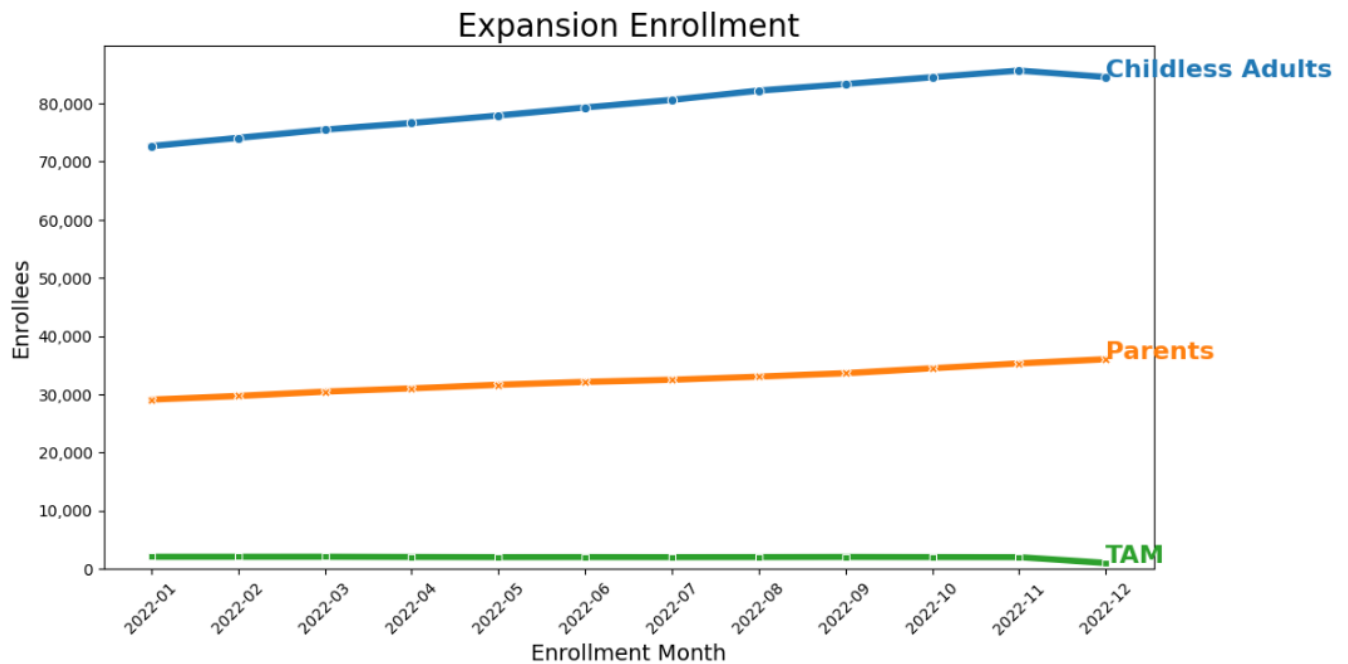
Medicaid Expansion Enrollment

Below is detailed data on expansion enrollment by subgroup.

Expansion Enrollment by Subgroup⁴

SERVICEMONTH	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12
EXPANSIONGROUP												
Childless Adults	72,650	74,054	75,480	76,612	77,901	79,281	80,588	82,177	83,310	84,478	85,625	84,519
Parents	29,072	29,692	30,443	31,005	31,619	32,121	32,479	33,023	33,608	34,456	35,296	36,012
TAM	2,061	2,065	2,069	2,031	2,003	2,013	2,000	2,013	2,035	2,015	1,995	996
Total	103,783	105,811	107,992	109,648	111,523	113,415	115,067	117,213	118,953	120,949	122,916	121,527

October 1, 2022 - December 31, 2022



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

TAM Enrollment by Month⁵

FY 2022:

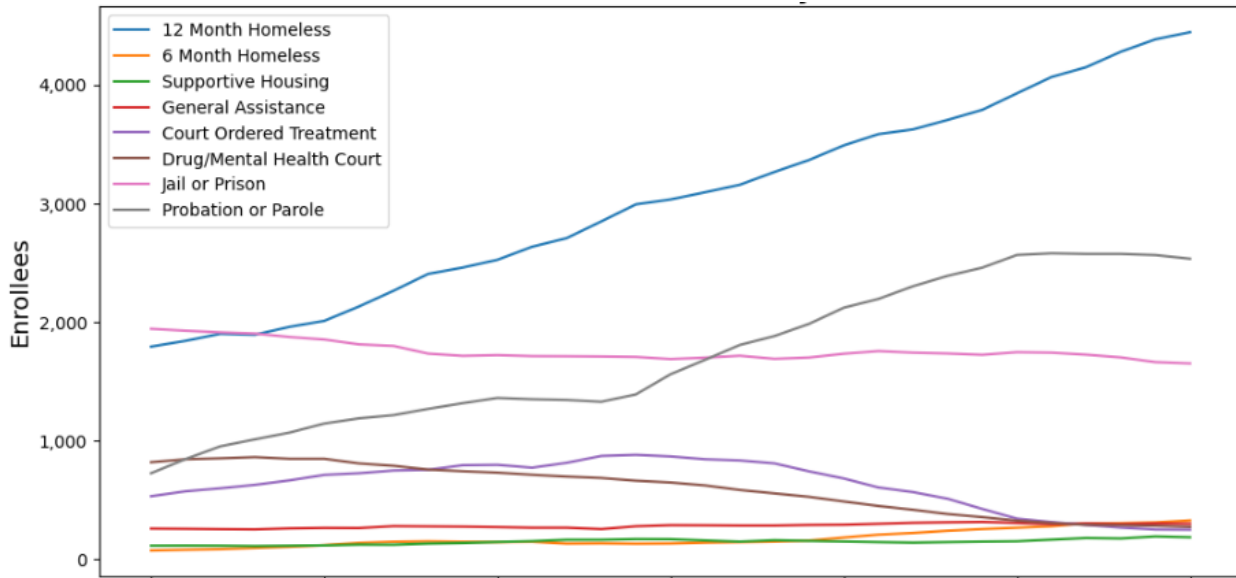
	2021-07	2021-08	2021-09	2021-10	2021-11	2021-12	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06
12 Month Homeless	2,707	2,848	2,992	3,033	3,094	3,157	3,265	3,366	3,489	3,584	3,624	3,704
6 Month Homeless	131	133	130	132	139	143	147	156	182	206	220	239
Supportive Housing	163	163	169	168	157	147	159	153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

FY 2023:

	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12
12 Month Homeless	3,789	3,928	4,066	4,149	4,279	4,384
6 Month Homeless	253	265	277	301	303	309
Supportive Housing	147	150	164	178	174	191
General Assistance	313	305	294	301	295	301
Court Ordered Treatment	423	341	312	288	266	249
Drug/Mental Health Court	354	324	305	289	286	281
Jail or Prison	1,723	1,745	1,741	1,724	1,701	1,661
Probation or Parole	2,458	2,565	2,579	2,574	2,574	2,564

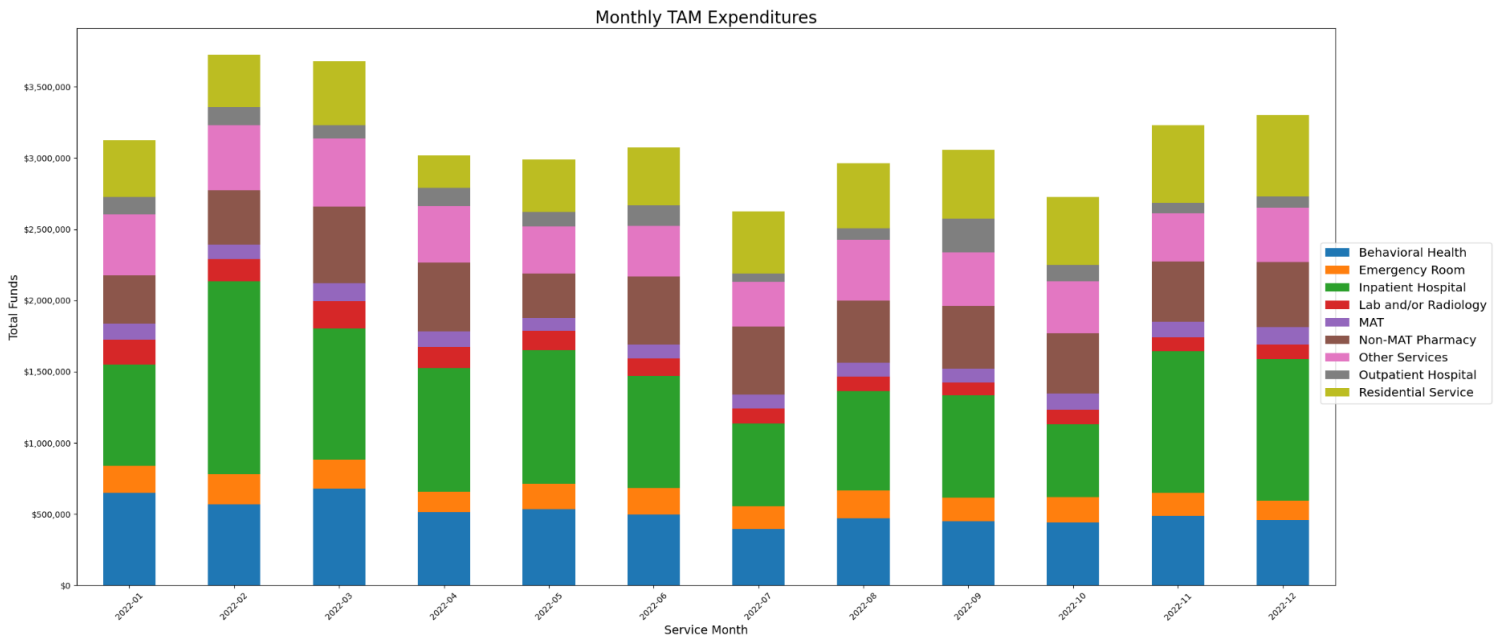
is processed up to the run date. Enrollment include retroactive coverage.

October 1, 2022 - December 31, 2022



Expenditures (1,000s)	FY 2022											FY 2023	Total
	SERVICEMONTH	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	
SERVICETYPE													
Behavioral Health	\$648	\$567	\$679	\$514	\$536	\$495	\$395	\$470	\$448	\$441	\$489	\$459	\$6,140
Emergency Room	\$189	\$211	\$202	\$145	\$178	\$188	\$161	\$195	\$168	\$179	\$158	\$133	\$2,106
Inpatient Hospital	\$715	\$1,355	\$922	\$867	\$938	\$785	\$580	\$699	\$718	\$512	\$995	\$997	\$10,083
Lab and/or Radiology	\$174	\$157	\$190	\$148	\$136	\$122	\$104	\$99	\$89	\$103	\$101	\$100	\$1,522
MAT	\$114	\$100	\$127	\$108	\$87	\$98	\$96	\$101	\$97	\$113	\$108	\$125	\$1,273
Non-MAT Pharmacy	\$339	\$383	\$541	\$485	\$315	\$477	\$482	\$433	\$440	\$425	\$423	\$454	\$5,196
Other Services	\$427	\$455	\$476	\$395	\$330	\$359	\$310	\$428	\$379	\$364	\$341	\$384	\$4,648
Outpatient Hospital	\$124	\$127	\$95	\$129	\$99	\$143	\$61	\$82	\$234	\$111	\$72	\$80	\$1,357
Residential Service	\$398	\$370	\$448	\$230	\$370	\$407	\$434	\$458	\$485	\$480	\$547	\$570	\$5,196
Total	\$3,126	\$3,725	\$3,679	\$3,020	\$2,988	\$3,075	\$2,623	\$2,965	\$3,058	\$2,726	\$3,232	\$3,302	\$37,521

Distinct Members Served	FY 2022											FY 2023	
	SERVICEMONTH	2022-01	2022-02	2022-03	2022-04	2022-05	2022-06	2022-07	2022-08	2022-09	2022-10	2022-11	2022-12
SERVICETYPE													
Behavioral Health	512	500	521	438	472	462	415	435	436	425	423	399	
Emergency Room	218	219	223	198	211	203	189	192	195	194	192	186	
Inpatient Hospital	58	72	65	59	52	56	60	65	68	51	59	57	
Lab and/or Radiology	439	395	465	407	375	368	341	308	303	312	312	316	
MAT	287	257	289	243	247	252	249	251	267	265	267	285	
Non-MAT Pharmacy	672	668	715	665	568	640	604	636	657	654	650	637	
Other Services	2,042	2,047	2,053	2,023	1,985	1,996	1,975	1,995	2,021	1,996	1,975	470	
Outpatient Hospital	156	158	185	152	150	155	127	128	128	149	128	126	
Residential Service	136	141	157	78	142	129	110	110	116	115	117	131	



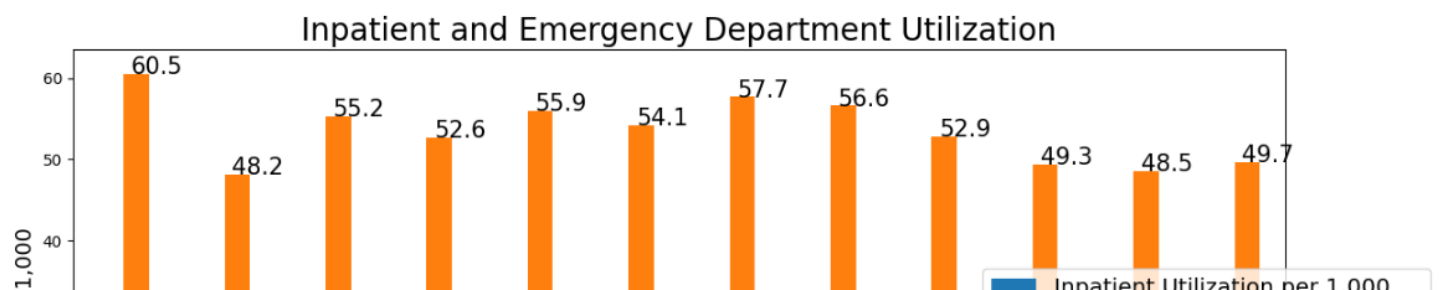
the state provides inpatient utilization and emergency department utilization data as well as initiation and engagement of alcohol or other drug abuse dependence treatment, all-cause hospital readmission, and follow-up after hospitalization for mental health or SUD within seven days.

The state experienced an increase in emergency department utilization each month during this demonstration quarter.

Adult Expansion and ED Utilization

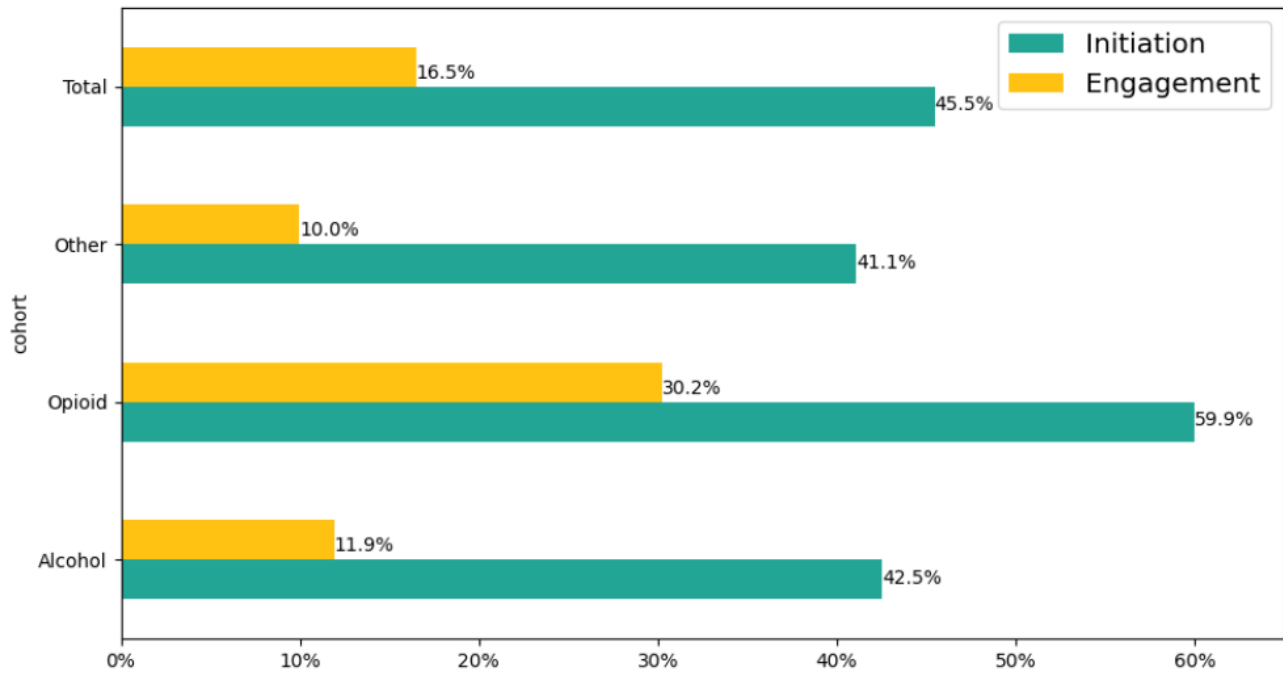
	Oct. 2022	Nov. 2022	Dec. 2022
Members	125,763	128,500	130,619
Inpatient	1,147	1,148	1,104
Emergency Dept.	6,205	6,236	6,489
Inpatient Utilization per 1,000	9.1	8.9	8.5
Emer. Dept. Utilization per 1,000	49.3	48.5	49.7

AE inpatient and ED utilization



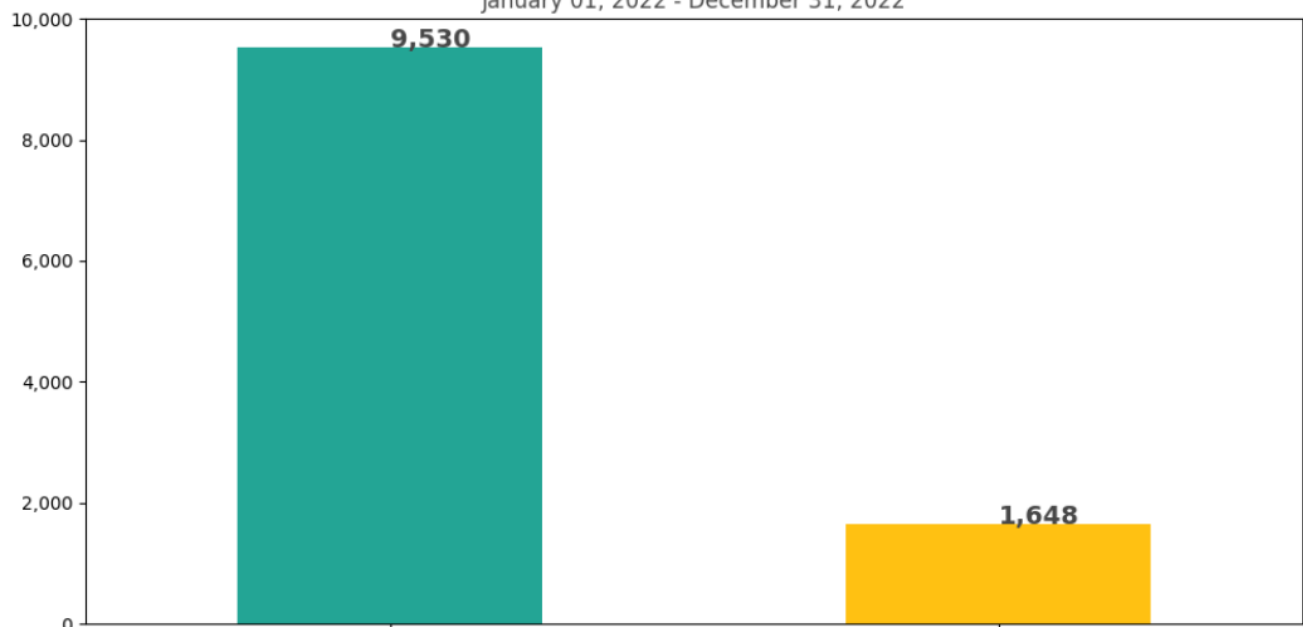
	2022-01-01	2022-02-01	2022-03-01	2022-04-01	2022-05-01	2022-06-01	2022-07-01	2022-08-01	2022-09-01	2022-10-01	2022-11-01	2022-12-01
Members	106,880.0	108,816.0	110,937.0	112,939.0	114,961.0	116,875.0	118,966.0	121,332.0	123,595.0	125,763.0	128,500.0	130,619.0
Inpatient	1,215.0	1,072.0	1,215.0	1,179.0	1,162.0	1,145.0	1,240.0	1,343.0	1,149.0	1,147.0	1,148.0	1,104.0
Emergency Dept.	6,462.0	5,244.0	6,129.0	5,945.0	6,428.0	6,326.0	6,863.0	6,866.0	6,533.0	6,205.0	6,236.0	6,489.0
Inpatient Utilization per 1,000	11.4	9.9	11.0	10.4	10.1	9.8	10.4	11.1	9.3	9.1	8.9	8.5
Emer. Dept. Utilization per 1,000	60.5	48.2	55.2	52.6	55.9	54.1	57.7	56.6	52.9	49.3	48.5	49.7

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment for Adult Expansion Members 2022-01-01 - 2022-12-31



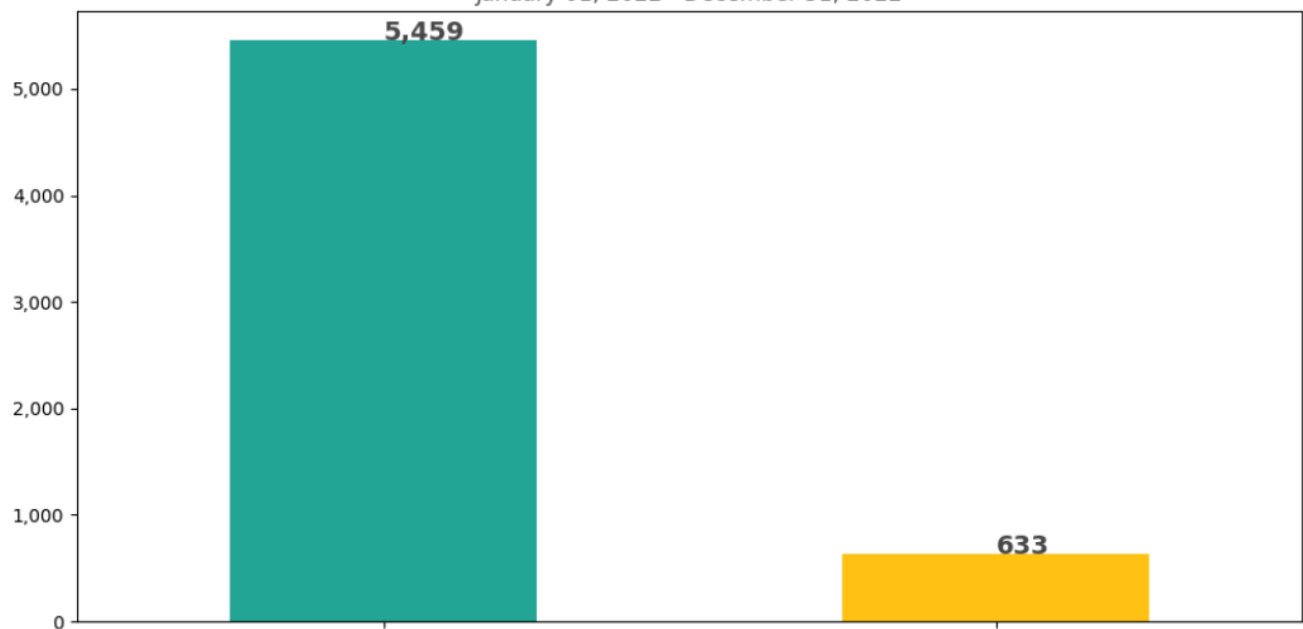
All-cause Hospital Readmission for all AE Members: 17.3%

January 01, 2022 - December 31, 2022



SUD/MH 7-day Follow-up Rate: 11.6%

January 01, 2022 - December 31, 2022



Disc

The state began identifying the number of disenrollments beginning in DY19, Q3. The table below identifies the number of disenrollments for DY21, Q2, listed by demonstration population and disenrollment reasons.

Demonstration Population	Reason for disenrollment	October 2022	November 2022	December 2022
Current Eligibles - PCR	Customer Moved Out of State	206	182	198
	Customer Request	51	0	54
	Death	6	2	3
	Enrolled in error	1	2	1
	Fails Utah residency	0	0	16
	Request closed	3	35	1
	Other Admin ⁷	44	14	33
Adult Expansion	Customer Moved Out of State	588	488	542
	Customer Request	184	0	190
	Death	48	36	35
	Enrolled in error	6	3	4
	Fails Utah residency	0	0	43
	Request closed	3	181	3
	Other Admin	104	117	176
ESI	Customer Moved Out of State	1	3	2
	Customer Request	1	0	0
	Other Admin	1	1	1
Targeted Adults	Customer Moved Out of State	28	33	30
	Customer Request	10	0	5
	Death	9	3	2
	Fails Utah residency	0	0	2

⁷ "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
	Other Admin	1	10	9
Demonstration Population #3	Customer Moved Out of State	0	0	0
	Customer Request	2	0	0
Dental-Blind/ Disabled	Customer Moved Out of State	0	0	0
	Customer Request	0	0	0
	Death	0	0	0
	Fails Utah residency	0	0	0
	Other Admin	0	0	0
Aged Dental	Death	0	0	0
	Other Admin	1	1	1
Substance Use Disorder Residential Treatment	Customer Moved Out of State	0	0	0
	Death	0	0	0
	Other Admin	0	1	1
Former Foster Care Youth	Customer Moved Out of State	0	0	0
	Other Admin	0	0	0
Grand Total		1298	1116	1353

Anticipated Changes to Enrollment

Adult Expansion Medicaid and ESI

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

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

End of the Medicaid Continuous Enrollment

The state has developed a comprehensive eligibility unwinding plan to achieve our key objective of a smooth member transition. Our plan includes clear member communication, data transparency and a risk-based approach to prioritize members to review over the 12-month unwinding period. 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 de-linked the unwinding of the eligibility rule from the Public Health Emergency (PHE). We will begin to unwind eligibility and resume normal operations on March 1, 2023.

Targeted Adults

As seen in the Total TAM Enrollment by Month table, enrollment has slightly increased for several subgroups during the demonstration quarter. However, overall enrollment decreased in December, 2022. The state will continue to closely monitor future TAM enrollment to determine trends.

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	October 2022	November 2022	December 2022	Total

Current Eligibles	0	0	3	3
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There were three appeals during this demonstration quarter, all specific to Current Eligibles. Two were specific to overpayments, one of which was affirmed and the other was reversed. The other was specific to a denial and the decision was reversed.

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	October 2022	November 2022	December 2022	Total
Aged, Blind, Disabled Dental	1	0	1	2
TAM	1	0	0	1

There were three Constituent Affairs grievances filed during quarter two:

October:

- One Aged, Blind, Disabled dental member had an issue finding an endodontist. The UUSOD is working with the member to find providers that can provide services to the member.
- One TAM member had difficulty finding supplies. The supplier was contacted and is helping obtain the needed supplies.

December:

- One Aged, Blind, Disabled dental member had an issue obtaining dentures. UUSOD is working with the member to find providers that can provide services to the member.

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	October 2022	November 2022	December 2022	Total
Adult Expansion	11	14	29	54
Current Eligibles	28	41	37	106
UMIC	1	0	6	7
Employer Sponsored Insurance	1	0	0	1
Total	41	55	72	168

Grievance Reasons	October 2022	November 2022	December 2022	Total
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Related to outpatient services	0	0	1	1
Related to coverage of outpatient prescription drugs	9	12	13	34
Related to other service types	1	1	1	3
Related to plan or provider customer service	1	2	8	11
Related to access to care/services from plan or provider	0	1	2	3
Related to quality of care	0	1	2	3
Related to plan communications	0	0	1	1
Related to payment or billing issues	29	34	40	103
File for other reasons	1	4	4	9
Total	41	55	72	168

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 ⁸

Program Type	October 2022	November 2022	December 2022	Avg. Total
Current Eligibles-PCR	8.97	9.49	9.22	9.23
Adult Expansion	7.66	8.22	10.13	8.67
Targeted Adults	10.66	11.79	7.16	9.87
Premium Assistance UPP	N/A ⁹	N/A	N/A	N/A

Financial/Budget Neutrality

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

⁹ No approvals in the time period selected.

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

Financial-Anticipated Changes

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

Annual Public Forum

The 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.

Evaluator Updates and Demonstration Evaluations

The state is in the process of transitioning all demonstration evaluations to Public Consulting Group, Inc. (PCG). The amended contract is expected to be finalized in January, 2023. The contract with the University of Utah Social Research Institute (SRI) is scheduled to expire February 28, 2023. CMS has agreed to extend the due date for the current demonstration extension period's Evaluation Design to March 15, 2023.

Pending Amendment Requests

In December 2022, the state submitted two additional amendments to CMS. The first is the Integrated Behavioral Health Services Amendment which 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. The second is the Long Term Services and Supports for Behaviorally Complex Individuals amendment which seeks approval to allow individuals to provide Long Term Services and Supports to individuals with behaviorally complex conditions. These amendments are pending a decision from CMS.

The following demonstration amendments are also pending a decision from CMS:

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

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

- Lock-out from the Medicaid expansion for committing an intentional program violation.
- Not allow hospitals to make presumptive eligibility determinations for the Medicaid Expansion.

- Require premiums for Adult Expansion members with income over 100 percent through 133 percent of the FPL.
- Require a \$10 surcharge for each non-emergent use of the emergency department after having received a warning for inappropriate use of the emergency department for Adult Expansion members with income over 100 percent FPL through 133 percent of the FPL.
- Implement defined flexibilities and cost savings provisions for the Medicaid Expansion through the state administrative rulemaking process within the parameters defined by the demonstration amendment.
- Additional flexibility for providing services through managed care for all Medicaid members.